

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee					
Residents of Worthington, For Worthington					
To M/horn Doid					
TO WHOM PAID			ite (MM/DD/YYYY)	Amount	
Jax Filing forms		1	0-28-2019	277.00	
Street Address	Address				
Jax Filing Forms Street Address 501 NE Hood Are. Ste. 240 City	EIN registration				
City	Jorane Trib		ie.	Check Number	
bresham	OF OR	9.	7030	orline	
To Whom Paid			Date (MM/DD/YYYY) Amount		
WSPS			10-29-2019	2,365.00	
Street Address	Purpose				
2323 Citygate Dr. City Columbus	stamps				
City	State	Zip Cod	le	Check Number	
Columbus	ОН	Y	3218	AmEx	
To Whom Paid		Da	ite (MM/DD/YYYY)	Amount	
Street Address Purpose					
City	State Zip Code Check Number		Check Number		
	ОН				
To Whom Paid		Da	ate (MM/DD/YYYY)	Amount	
			10 (IIII)		
Street Address	Purpose				
City	State	Zip Cod		Check Number	
City	OH	ZIP 000	.~	Oncok Number	
		,			
To Whom Paid		Da	ite (MM/DD/YYYY)	Amount	
Street Address	Purpose				
City	State Zip Code Check Number		Check Number		
	ОН				
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Page Total \$ 2,642.00