



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee CITIZENS FOR HENNEBERT					
To Whom Paid			Date (MM/DD/YYYY)		Amount
CITIZENS FOR SALERNO		08/23/20		19	380.88
Street Address	Purpose				
865 MACON ALLEY	FUNDRAISER CONTRIBUTION				
City	State	Zip Code Check Number		ck Number	
COLUMBUS	он	43206 3399609		99609	
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State OH	Zip	Code Check Number		eck Number
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose		* * * * * * * * * * * * * * * * * * *		
City	State	Zip Code Check Number		eck Number	
	он				
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State	Zip Code Check Number		eck Number	
	ОН				
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State OH	Zip Code Check Number			
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Page Total \$	380.88
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