



Statement of Expenditures

Form 31-B

R.C. 3517.10

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Full Name of Committee						
New Albany for Kids						
To Whom Paid	_		Date (MM/DD/YYYY)		Amount	
US Bank		various 30.00				
Street Address	Purpose	rurpose				
PO Box 1800	bank fees					
City	State	Zip	Zip Code Check Number			
Saint Paul	MN	55	5101			
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	J.				
City	State	Zip	Code	Check Number		
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To Whom Paid			Date (MM/DD/YYYY)		Amount	
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Street Address	Purpose					
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City	State	Zip	Code	Check Number		
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To Whom Paid	<u></u>		Date (MM/DD/YYYY)		Amount	
Street Address	Dumasa.					
Street Address	Purpose					
City	State	Zip	Code	Che	ck Number	
	ОН		:			
To Whom Paid	1		Date (MM/DD/YYYY)		Amount	
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Street Address	Purpose	Purpose				
City	State	ate Zip Code Check Number			ck Number	
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Page Total \$	30.00	