



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee New Albany for Kids				
To Whom Paid US Bank		Date (MM/DD/YYYY) various		Amount 30.00
Street Address PO Box 1800		Purpose bank fees		
City Saint Paul	State MN	Zip Code 55101	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ **30.00**