



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Michael Haeneich			
To Whom Paid Ohio Ethics Commission		Date (MM/DD/YYYY) 10/07/2019	Amount \$35.00
Street Address 30 West Spring St. L3		Purpose Financial Filings Requirement	
City Columbus	State OH	Zip Code 43215	Check Number Debit Card
To Whom Paid Paypal		Date (MM/DD/YYYY) 07/10/2019 - 10/04/2019	Amount \$43.98
Street Address 2211 North First Street		Purpose Fees	
City San Jose	State CA	Zip Code 95131	Check Number ACH
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 \$ 78.98