



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Franklin County Adelante Democrats				
To Whom Paid 5/3 Bank		Date (MM/DD/YYYY) 01/11/2019		Amount 11.00
Street Address PO Box 930600		Purpose Bank Fee		
City Cincinnati	State OH	Zip Code 45263	Check Number	
To Whom Paid 5/3 Bank		Date (MM/DD/YYYY) 02/12/2019		Amount 11.00
Street Address PO Box 930600		Purpose Bank Fee		
City Cincinnati	State OH	Zip Code 45263	Check Number	
To Whom Paid 5/3 Bank		Date (MM/DD/YYYY) 03/12/2019		Amount 11.00
Street Address PO Box 930600		Purpose 45263		
City Cincinnati	State OH	Zip Code 45263	Check Number	
To Whom Paid 5/3 Bank		Date (MM/DD/YYYY) 04/10/2019		Amount 11.00
Street Address PO Box 930600		Purpose Bank Fee		
City Cincinnati	State OH	Zip Code 45263	Check Number	
To Whom Paid 5/3 Bank		Date (MM/DD/YYYY) 05/13/2019		Amount 11.00
Street Address PO Box 930600		Purpose Bank Fee		
City Cincinnati	State OH	Zip Code 45263	Check Number	

55.00
Page Total \$ _____