

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) 01/11/201		9	Amount 11.00	
Street Address PO Box 930600	Purpose Bank Fee					
City Cincinnati	State OH	-	p Code Check Number 45263			
To Whom Paid 5/3 Bank			Date (MM/DD/YYYY) 02/12/201		Amount 9 11.00	
Street Address PO Box 930600	Purpose Bank Fee					
of the state of th	State OH		Code Check Number 263		eck Number	
To Whom Paid 5/3 Bank	Dat		Date (MM/DD/YYYY) 03/12/2019		Amount 11.00	
Street Address PO Box 930600	Purpose 45263					
City Cincinnati	State OH	-	Code Check Number 5263		eck Number	
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		Code 5263	Che	eck Number	
To Whom Paid 5/3 Bank				Amount 11.00		
Street Address PO Box 930600	Purpose Bank Fee					
City Cincinnati	State OH		Code 5263	Che	eck Number	

	55.00	
Page Total \$		