



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) 12/14/2017	Amount 5.00	
Street Address PO Box 1800		Purpose bank fee		
City St 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	
To Whom Paid		Date (MM/DD/YYYY)	Amount	
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 5.00