



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee				
Robinson For Worthington				
To Whom Paid		T	Date (MM/DD/YYYY)	Amount
David W. Robinson		J	12.14.20	17 2,037.13
Street Address	Purpose			
195 E. Dublin Granville Rd.	repayment of debt for printing costs incurred and paid by DR			
City	State	te Zip Code Check Number		Check Number
Worthington	ОН	430	85	
To Whom Paid			Date (MM/DD/YYYY)	Amount Casher check 027775617
Street Address	Purpose			
City	State OH	Zip C	Code	Check Number
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose			
City	State OH	Zip Code Check Number		Check Number
To Whom Paid			Date (MM/DD/YYYY)	Amount
Street Address	Purpose	1		······································
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 \$	2,037.13