



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee CITIZENS FOR RAMSEY			
To Whom Paid FIRE FIGHTER FOR KID		Date (MM/DD/YYYY) 01-22-2020	Amount \$ 5.42
Street Address 365 S. 4th STREET		Purpose DONATION TO COVER COST SHUT DOWN ACCOUNT	
City COLUMBUS	State OH	Zip Code 43215	Check Number DIRECT DEPOSIT
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 \$ 5.42