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Statement of Expenditures

Form 31-B

R.C. 3517.10

F 11 N CO 24						
Full Name of Committee		•				
Friends of DeLena Ciamacco						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Huntington Bank			12/31/19 36.00		36.00	
Street Address Purpose						
PO BOX 1558 EA1W37	Jan-Dec 2019 bank charges					
City	State	Zip (Zip Code Check Number		ck Number	
Columbus	ОН	432	43216 auto wii		to withdrawal	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	Purpose				
		I				
City	State	Zip (Zip Code Cl		heck Number	
	ОН					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	.			,	
City	State	Zip Code Check Number		ock Number		
Oity .	ОН	2.0	, od 0	Check Number		
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip (Zip Code Check Number		ck Number	
	ОН					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose		,			
City	State OH	Zip (Zip Code Check Number		ck Number	
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Q1 C 67/2020

Page Total \$	36.00