



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of DeLena Ciamacco			
To Whom Paid Huntington Bank		Date (MM/DD/YYYY) 12/31/19	Amount 36.00
Street Address PO BOX 1558 EA1W37		Purpose Jan-Dec 2019 bank charges	
City Columbus	State OH	Zip Code 43216	Check Number auto withdrawal
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

*DeLena Ciamacco 1/27/2020*

Page Total \$ 36.00