

Page 2

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee					
To Whom Paid Kemba			Date (MM/DD/YYYY)		Amount (DO)
Street Address 110 North Hamilton Rosal	Purpose Bank Faces				
Columbus (State	1	Code 43201	Che	ACH
To Whom Paid Paypal			Date (MM/DD/YYYY) 12/02/2019		Amount 掛ち、25
Paypal Street Address 2211 North 1st Street City Scan Fosc	Purpose Fee 5				
Son Fose	State	· ·	code 75131	Che	ACH
To Whom Paid			Date (MM/DD/YYYY)		Amount
Street Address	Purpose				
City	State OH	Zip	Zip Code Check Number		eck 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			eck Number