



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee New Albany For Kids			
To Whom Paid US Bank		Date (MM/DD/YYYY) 11/14/2017	Amount 5.00
Street Address PO Box 1800		Purpose bank fee	
City St. Paul	State MN	Zip Code 55101	Check Number automatic 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

Page Total \$ 5.00