OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Friends of Beth Kowalczyk

To Whom Paid	Date (MM/DD/YYYY)	Amount
Cvent	030919	25.00

Street Address	Purpose
1765 Greensboro Station Place	Public Finance Workshop Registration

City	State	Zip Code	Check Number
McLean	VA	22102	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Ohio Ethics Commission	033019	35.00

Street Address	Purpose
30 W Spring Street	Membership Dues

City	State	Zip Code	Check Number
Columbus	OH	43215	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount
Google LLC	051719	12.00

Street Address	Purpose
1600 Amphitheatre Parkway	Domain Name Renewal

City	State	Zip Code	Check Number
Mountain View	CA	94043	debit

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

Page Total $ 72.00