

# Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Committee to Elect Stephen M. Cicak			
To Whom Paid Capital One		Date (MM/DD/YYYY) 12/30/2019	Amount 9.00
Street Address P.O. Box 180		Purpose Bank Fees	
City St. Cloud	State MN	Zip Code 56302	Check Number Electronic 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

Page Total \$ 9.00