



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
Committee to Elect Victoria Newell			
To Whom Paid		Date (MM/DD/YYYY)	Amount
No expenditures paid from Committee to date			\$0.00
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		
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		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		