OFFICE OF THE
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee

Fortkamp for UA

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stripe	09/14/2019	$1.75
Street Address	**Purpose**	
510 Townsend St.	Processing Fee	
City	**State** / **Zip Code**	**Check Number**
San Francisco	~~OH~~ CA 94103	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stripe	09/13/2019	$1.75
Street Address	**Purpose**	
510 Townsend St.	Processing Fee	
City	**State** / **Zip Code**	**Check Number**
San Francisco	~~OH~~ CA 94103	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stripe	09/04/2019	$3.20
Street Address	**Purpose**	
510 Townsend St.	Processing Fee	
City	**State** / **Zip Code**	**Check Number**
San Francisco	~~OH~~ CA 94103	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stripe	09/02/2019	$1.75
Street Address	**Purpose**	
510 Townsend St.	Processing Fee	
City	**State** / **Zip Code**	**Check Number**
San Francisco	~~OH~~ CA 94103	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stripe	08/28/2019	$3.20
Street Address	**Purpose**	
510 Townsend St.	Processing Fee	
City	**State** / **Zip Code**	**Check Number**
San Francisco	~~OH~~ CA 94103	

Page Total $ ~~$4.95~~ $11.65