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	10/12/2019	$1.75

Street Address	Purpose
510 Townsend Street	Processing Fee

City	State	Zip Code	Check Number
San Francisco	~~OH~~ CA	94103	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stripe	10/12/2019	$14.80

Street Address	Purpose
510 Townsend Street	Processing Fee

City	State	Zip Code	Check Number
San Francisco	~~OH~~ CA	94103	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stripe	10/08/2019	$1.75

Street Address	Purpose
510 Townsend Street	Processing Fee

City	State	Zip Code	Check Number
San Francisco	~~OH~~ CA	94103	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stripe	10/06/2019	$1.75

Street Address	Purpose
510 Townsend Street	Processing Fee

City	State	Zip Code	Check Number
San Francisco	~~OH~~ CA	94103	

To Whom Paid	Date (MM/DD/YYYY)	Amount
~~Stripe~~	~~10/21/2019~~	~~$1.03~~

Street Address	Purpose
~~510 Townsend Street~~	~~Processing Fee~~

City	State	Zip Code	Check Number
~~San Francisco~~	~~OH CA~~	~~94103~~	

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