



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee		_					
Franklin County Green Party							
To Whom Paid	 		Date (MM/DD/YYYY)		Amount		
Cox No Money Campaign		03/02/2		019 412.01			
Street Address	Purpose						
4240 Kendale Road	Closing account						
City	State	Zip Code Check Number					
Columbus	он	432	220 Money Order 9282035228				
To Whom Paid			Date (MM/DD/YYYY)		Amount		
US Bank	03/02/201		19	9 5.00			
Street Address	Purpose						
	Money order fee						
City	State	tate Zip Code		Check Number			
	он			N/A	١.		
To Whom Paid		Date (MM/DD/YYYY)		Amount			
reet Address Purpose							
City	State Zip Code Check Number		eck Number				
	он						
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Street Address	Purpose						
City	State	Zip	Code	Che	ck Number		
	он						
To Whom Paid	Date (MM		Date (MM/DD/YYYY)	ite (MM/DD/YYYY)			
Street Address	Purpose						
Oib.	State Zip Code Check Number						
City	OH	۲ıh	Ove	One	Sac (valido)		
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Р	age	Total	\$417.0	<u>'</u>	