

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Full Name of Committee FRIENDS OF DR NAHI ORTIZ To Whom Paid Date (MM/DD/YYYY) Amount						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
FRANKLIN CO. DEMOCRATIC PARTY			Date (MM/DD/YYYY) Amount 3/10/2019 1,500 °°			
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Page Total \$ 1,500.30