



Statement of Expenditures

Form 31-B

R.C. 3517.10

| | | | |
|--|--------------------|--|-----------------------------|
| Full Name of Committee Citizens for Bonnie Michael | | | |
| To Whom Paid Sarah Moor c/o Ronald Addington | | Date (MM/DD/YYYY) 12/01/2019 | Amount 75.00 |
| Street Address 423 Cape Coral Parkway West #106 | | Purpose Web Service - NOT CASHED | |
| City Nederland | State FL | Zip Code 33914 | Check Number 5057 |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | |
| City | State OH | Zip Code | Check Number |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | |
| City | State OH | Zip Code | Check Number |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | |
| City | State OH | Zip Code | Check Number |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | |
| City | State OH | Zip Code | Check Number |

Page Total \$ 75.00