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	09/18/2019	$3.20
Street Address	**Purpose**	
510 Townsend Street	Processing Fee	
City	**State** / **Zip Code**	**Check Number**
San Francisco	CA 94103	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stripe	09/19/2019	$3.20
Street Address	**Purpose**	
510 Townsend Street	Processing Fee	
City	**State** / **Zip Code**	**Check Number**
San Francisco	CA 94103	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stripe	10/01/2019	$3.20
Street Address	**Purpose**	
510 Townsend Street	Processing Fee	
City	**State** / **Zip Code**	**Check Number**
San Francisco	CA 94103	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Paypal	10/04/2019	$7.55
Street Address	**Purpose**	
2211 North First Street	Processing Fee	
City	**State** / **Zip Code**	**Check Number**
San Jose	CA 95131	

To Whom Paid	Date (MM/DD/YYYY)	Amount
Stripe	10/14/2019	$3.20
Street Address	**Purpose**	
510 Townsend Street	Processing Fee	
City	**State** / **Zip Code**	**Check Number**
San Francisco	CA 94103	

Page Total $ $20.35