



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee FRIENDS OF JANE CERDA			
To Whom Paid PAYPAL		Date (MM/DD/YYYY) 10/28/19	Amount 1.03
Street Address		Purpose ACCOUNT SERVICE FEE	
City	State OH	Zip Code	Check Number ELECTRONIC
To Whom Paid GRAPEVINE		Date (MM/DD/YYYY) 11/04/19	Amount 11.50
Street Address 475 RIVERSIDE DR		Purpose GIFT FOR CAMPAIGN WORKER	
City NEW YORK	State NY	Zip Code 10115	Check Number ELECTRONIC
To Whom Paid 5/3 BANK		Date (MM/DD/YYYY) 11/30/19	Amount 11.00
Street Address BOX 630900		Purpose ACCOUNT FEE	
City CINCINNATI	State OH	Zip Code 45263-0900	Check Number ELECTRONIC
To Whom Paid JANE CERDA		Date (MM/DD/YYYY) 12/6/19	Amount 551.51
Street Address 1210 E COCKERD		Purpose PARTIAL REPAYMENT OF DEBT	
City COLUMBUS	State OH	Zip Code 43224	Check Number ELECTRONIC
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number