



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Louise Valentine			
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 10/14/2019	Amount \$11.00
Street Address 38 Fountain Square Plaza (or P.O. Box 630900)		Purpose Standard monthly service fee	
City Cincinnati	State OH	Zip Code 45263	Check Number N/A
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 11/14/2019	Amount \$11.00
Street Address 38 Fountain Square Plaza (or P.O. Box 630900)		Purpose Standard monthly service fee	
City Cincinnati	State OH	Zip Code 45263	Check Number N/A
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 12/14/2019	Amount \$11.00
Street Address 38 Fountain Square Plaza (or P.O. Box 630900)		Purpose Standard monthly service fee	
City Cincinnati	State OH	Zip Code 45263	Check Number N/A
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 \$ **33.00**