

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Chris Amorose Groomes for Dublin			
To Whom Paid Huntington National		Date (MM/DD/YYYY) 08/15/2019	Amount \$3.00
Street Address PO Box 1558 EA1W37		Purpose Monthly Service Fee	
City Columbus	State OH	Zip Code 43216	Check Number Auto-Debit
To Whom Paid Huntington National Bank		Date (MM/DD/YYYY) 09/15/2019	Amount \$3.00
Street Address PO Box 1558 EA1W37		Purpose Monthly Service Fee	
City Columbus	State OH	Zip Code 43216	Check Number Auto-Debit
To Whom Paid Huntington National Bank		Date (MM/DD/YYYY) 10/15/2019	Amount \$3.00
Street Address PO Box1558 EA1W37		Purpose Monthly Service Fee	
City Columbus	State OH	Zip Code 43216	Check Number Auto-Debit
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 \$ 9.00