



Statement of Expenditures

Form 31-B

R.C. 3517.10

To Whom Paid Key Bank Date (MM/DD/YYYY) Amount	Full Name of Committee						
Sireet Address Purpose Statement fee S	Robinson For Worthington						
Purpose statement fee Check Number auto pay	To Whom Paid			Date (MM/DD/YYYY)		Amount	
State City State OH OH	Key Bank			06.30.2017		3.00	
State OH Zip Code Check Number auto pay Date (MM/DD/YYYY)	Street Address	Address Purpose					
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