Frank LaRose
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Franklin County Adelante Democrats

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	OH		

To Whom Paid	Date (MM/DD/YYYY)	Amount
5/3 Bank	07/17/2019	11.00

Street Address	Purpose
PO Box 630900	Bank Fee

City	State	Zip Code	Check Number
Cincinnati	OH	45263	n/a

To Whom Paid	Date (MM/DD/YYYY)	Amount
5/3 Bank	08/14/2019	11.00

Street Address	Purpose
PO Box 630900	Bank Fee

City	State	Zip Code	Check Number
Cincinnati	OH	45263	n/a

To Whom Paid	Date (MM/DD/YYYY)	Amount
5/3 Bank	09/12/2019	11.00

Street Address	Purpose
PO Box 630900	Bank Fee

City	State	Zip Code	Check Number
Cincinnati	OH	45263	n/a

To Whom Paid	Date (MM/DD/YYYY)	Amount
5/3 Bank	10/10/2019	11.00

Street Address	Purpose
PO Box 630900	Bank Fee

City	State	Zip Code	Check Number
Cincinnati	OH	45263	n/a

Page Total $ 44.00