



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Friends of Cathy De Rosa						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
TUCOWS, Inc. WordPress Domain Registration			07/23/2		18.50	
Street Address	Purpose		•			
	Campaigi	n dom	ain name renewal			
City	State	Zip	Code Check Number			
Toronto CANADA	96		card			
To Whom Paid	. •	. •	Date (MM/DD/YYYY)		Amount	
Street Address	Purpose		<u> </u>			
City	State	Zip	Code Check Number		ck Number	
To Whom Paid	ОН		Date (MM/DD/YYYY)		Amount	
			Date (MINIDDITTT)		, who said	
Street Address	Purpose	Purpose				
City	State	Zip	Zip Code Check Number		ck Number	
	ОН					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip	Code	Che	ck Number	
	ОН					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	Purpose				
City	State OH	Zip	Zip Code Check Number			

Page Total \$	18.50	