

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full CHRIS AMOROSE GROOMES FOR DUBLIN									
To Whom Paid THE HUNTINGTON NATIONAL BANK						M	D	Y	Amount \$3.00
Address P.O. BOX 1558 EA1W37						Purpose MONTHLY SERVICE FEE - AUTO DEBIT			
City COLUMBUS						State OH		Zip Code 43216	Check Number
To Whom Paid THE HUNTINGTON NATIONAL BANK						M	D	Y	Amount \$3.00
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Page Total **\$18.00**