



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee New Albany for Kids				
To Whom Paid Ohio Secretary of State		Date (MM/DD/YYYY) 10/30/2018		Amount 25.00
Street Address PO Box 788		Purpose change of designated representative		
City Columbus	State OH	Zip Code 43216	Check Number 669	
To Whom Paid Ohio Secretary of State		Date (MM/DD/YYYY) 11/25/2018		Amount 25.00
Street Address PO Box 788		Purpose trade name renewal		
City Columbus	State OH	Zip Code 43216	Check Number 670	
To Whom Paid US Bank		Date (MM/DD/YYYY) various		Amount 30.00
Street Address PO Box 1800		Purpose bank fees		
City Saint Paul	State MN	Zip Code 55101	Check Number	
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 \$ 80.00