



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Our Community Our Schools			
To Whom Paid First Financial Bank		Date (MM/DD/YYYY) 12/31/2019	Amount 3.00
Street Address 300 High St		Purpose Bank Fee	
City Hamilton	State OH	Zip Code 45012	Check Number Bank Fee - N/A
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
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 \$ 3.00