



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee	 				
ORA Columbus Local Restaurant Alliance PAC				į	
To Whom Paid			(MM/DD/YYYY)	Amount	
Deluxe Checks			05/07/2019	48.52	
Street Address	Purpose	Purpose			
3680 Victoris Street North	To Order	To Order Checks			
City	State	Zip Code Check Number			
Shoreview	MN	55126 ACH		СН	
To Whom Paid		Date	(MM/DD/YYYY)	Amount	
Street Address	Purpose	Purpose			
City	State	Zip Code Check Number		neck Number	
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To Whom Paid		Date	(MM/DD/YYYY)	Amount	
Street Address	Purpose	Purpose			
City	State	Zip Code Check Number		neck Number	
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To Whom Paid		Date	(MM/DD/YYYY)	Amount	
Street Address	Purpose	Purpose			
		Tay a	Tai	I. M	
City	State OH	Zip Code	Cr	neck Number	
To Whom Paid		Date	(MM/DD/YYYY)	Amount	
Street Address	Purpose	Purpose			
City	State	Zip Code	Zip Code Check Number		
	ОН				

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