



Statement of Expenditures

Form 31-B

R.C. 3517.10

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

Page Total \$ 48.52