OFFICE OF THE
Ohio Secretary of State

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
FRIENDS OF DR. ANAHI ORTIZ

To Whom Paid	Date (MM/DD/YYYY)	Amount
REYNOLDSBURG AREA DEMOCRATS	09/18/2019	100.00

Street Address	Purpose
PO BOX 1523	CONTRIBUTION

City	State	Zip Code	Check Number
REYNOLDSBURG	OH	4	170

To Whom Paid	Date (MM/DD/YYYY)	Amount
FRANKLIN Co. BD OF ELECTIONS	12/16/2019	80.00

Street Address	Purpose
1700 MORSE ROAD COL.	REGISTRATION TO RUN FOR OFFICE

City	State	Zip Code	Check Number
	OH	43229	179

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 $ 180.00