



Statement of Expenditures

Form 31-B

R C 3517 10

F. II.V						
Full Name of Committee						
Friends of Carol Beckerle						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Kroger			11/16/2	019	\$130.05	
Street Address	Purpose	Purpose				
	Lunch for 0	Camp	ampaign Volunteers			
City	State	Zip	Code Check Number			
	ОН				·	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Franklin County Adelante Democrats		11/18/2019 \$100		\$100		
Street Address	Purpose					
	Political Contribution					
City	State	Zip	Code Check Numb		ck Number	
·	он			101	15	
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount	
Street Address	Purpose			1		
City	State	Zip	Code Check Number		eck Number	
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To Whom Paid		1	Date (MM/DD/YYYY)		Amount	
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Street Address	Purpose					
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City	State	Zin		Che	ck Number	
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To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	Purpose				
City	State	Zip	Zip Code Check Number		ck Number	
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Page Total \$	