



Statement of Expenditures

Form 31-B

R.C. 3517.10

Date (MM/DD/YYYY) Amount	Full Name of Committee		_		_		
Fifth Third Bank							
Purpose Bank Fee	To Whom Paid			Date (MM/DD/YYYY)		Amount	
P.O Box 630900 Bank Fee	Fifth Third Bank			11 02 2018		11.00	
City State OH Zip Code As263 Check Number Acct Debit To Whom Paid Fifth Third Bank Date (MM/IDD/YYYY) In 10.00 Amount In 10.00 Street Address P.O Box 630900 Purpose Bank Fee Check Number Acct Debit City Color Cincinnati State OH Zip Code As263 Acct Debit To Whom Paid Date (MM/IDD/YYYY) Amount Street Address Purpose Check Number OH City State OH Zip Code OH Check Number OH Street Address Purpose Check Number OH Street Address Purpose Check Number OH City State OH State OH Check Number OH City State OH State OH Check Number OH	Street Address	Purpose					
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