

Statement of Expenditures

Form 31-B

R.C. 3517.10

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		Date (MM/DD/YYYY)		Amount	
		09/11/201		7 \$87.30	
Purpose					
reimbursement of domain name fees					
State 2	Zip Code Check Number			ck Number	
он 4	43065 2502			2	
		Date (MM/DD/YYYY)		Amount	
Purpose					
State 2	Zip Code		Check Number		
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•		Date (MM/DD/YYYY)		Amount	
Purpose					
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		Date (MM/DD/YYYY)		Amount	
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State 2	Zip Code Check Number		ck Number		
		Date (MM/DD/YYYY)		Amount	
Purpose					
State	Zip Code Check Number		ck Number		
	Purpose State OH State OH	Purpose State Zip OH Purpose State Zip OH Purpose State Zip OH Purpose State Zip OH Purpose State Zip OH	Purpose reimbursement of domain name fees State	Purpose reimbursement of domain name fees State Zip Code Che OH 43065 250 Date (MM/DD/YYYY) Purpose State Zip Code Che OH Date (MM/DD/YYYY) Purpose State Zip Code Che OH Date (MM/DD/YYYY) Purpose State OH Date (MM/DD/YYYY) Purpose State Zip Code Che OH Date (MM/DD/YYYY) Purpose State Zip Code Che OH Date (MM/DD/YYYY)	

Page Total \$	87.30	