



## **Statement of Expenditures**

Form 31-B

R.C. 3517.10

	-т	Data (MM/DDAYYY)		Amount	
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Purpose					
MONTHLY SERVICE FEE					
i i		ode Check Number			
OH 4	432	216 Auto-Debit			
<u> </u>		Date (MM/DD/YYYY)		Amount	
03/15/2017 3.00					
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MONTHLY SERVICE FEE					
State	Zip (	Code	Che	ck Number	
он .	432	216 Auto-Debit		to-Debit	
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THE HUNTINGTON NATIONAL BANK 04/17/2017			3.00		
Purpose					
MONTHLY SERVICE FEE					
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		Date (MM/DD/YYYY) Amount			
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MONTHLY SERVICE FEE					
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Page Total \$	13.00	
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