



Statement of Expenditures

Form 31-B

R.C. 3517.10

To Whom Paid				Amount	
Fifth Third Bank		01 02 2018		11.00	
Purpose					
Bank Fee					
State	Zip Code Check Number				
ОН	45	45263 Acct Debit			
Date (MM/DD/YYYY) Amount			Amount		
02 02		18	11.00		
Purpose					
Bank Fee					
State	Zip	ip Code Check Number			
ОН	45	Acct Debit		ct Debit	
		Date (MM/DD/YYYY)	-	Amount	
03 02			18	11.00	
Purpose					
Bank Fee					
State	Zip (ip Code Check Number		ck Number	
ОН	452	5263 Acct Debit		ct Debit	
	Date (MM/DD/YYYY) Amount			Amount	
	04 02 18 11.00			11.00	
Purpose	pose				
Bank Fee					
State	Zip (ip Code Check Number		ck Number	
ОН	452	Acct Debit		ct Debit	
		Date (MM/DD/YYYY) Amount		Amount	
05 02 18 11.00			11.00		
Purpose					
Bank Fee					
State	Zip Code Check Number		ck Number		
ОН	452	263	Ac	ct Debit	
	State OH Purpose Bank Fee State State OH	Bank Fee State Zip OH 45 Purpose Bank Fee State Zip OH 25	Purpose Bank Fee State	Purpose Bank Fee State Zip Code OH 45263 According to the propose Bank Fee State Zip Code OH 45263 According to the propose Bank Fee State Zip Code OH 45263 According to the propose According to th	

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