



Statement of Expenditures

Form 31-B  
R.C. 3517.10

Full Name of Committee			
The Committee for Perry Township			
To Whom Paid		Date (MM/DD/YYYY)	Amount
PNC Bank		12/03/2018	\$5.00
Street Address		Purpose	
		Monthly fee for carrying a balance under \$500.00	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		