



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 | L | | | | |
| | Monthly f | Monthly fee for carrying a balance under \$500.00 | | | | |
| City | State | Zip Code Check | | neck Number | | |
| | ОН | - | | | | |
| To Whom Paid | | | Date (MM/DD/YYYY) | Amount | | |
| Street Address | Purpose | | | | | |
| City | State | Zip (| Code CI | neck Number | | |
| | ОН | | | | | |
| To Whom Paid | MANAGE STATE | | Date (MM/DD/YYYY) | Amount | | |
| Street Address | Purpose | | | | | |
| City | State | Zip Code Check Number | | neck Number | | |
| , | ОН | | | | | |
| To Whom Paid | - | | Date (MM/DD/YYYY) | Amount | | |
| Street Address | Purpose | | | | | |
| | | | | | | |
| City | State | Zip | Code C | heck Number | | |
| | ОН | | | | | |
| To Whom Paid | | | Date (MM/DD/YYYY) | Amount | | |
| Street Address | Purpose | | | | | |
| City | State OH | Zip | Code | heck Number | | |
| | | | | | | |

| Page Total \$ | 5.00 | |
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