



Statement of Expenditures

Form 31-B

R.C. 3517.10

| | | | | |
|--|-------------|---------------------------|--------------------------------|-------------------|
| Full Name of Committee Friends of Sean Demaree | | | | |
| To Whom Paid Harland Clark Checks | | | Date (MM/DD/YYYY) 8/02/2017 | Amount \$15.24 |
| Street Address | | Purpose Printed checks | | |
| City | State OH | Zip Code | Check Number Bank debit | |
| To Whom Paid | | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | | | Date (MM/DD/YYYY) | Amount |
| Street Address | | Purpose | | |
| City | State OH | Zip Code | Check Number | |

Page Total \$ 15.24