



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Sean Demaree To Whom Paid			
To Whom Paid			
	1	Date (MM/DD/YYYY)	Amount
Harland Clark Checks		8/02/201	7 \$15.24
Street Address Pu	urpose		
Pr	Printed checks		
City	ate Zip 0	Code	neck Number
OH	н	В	ank debit
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address Pu	Purpose		
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	t	Code	neck Number
Ot		<u></u>	
To Whom Paid		Date (MM/DD/YYYY)	Amount
itreet Address Purpose			
City Ste	tate Zip (Zip Code Check Number	
OH	н		
To Whom Paid	<u> </u>	Date (MM/DD/YYYY)	Amount
Street Address Pu	Purpose		
City Sta		Code	heck Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address Pu	Purpose		
City	tate Zip (te Zip Code Check Number	
ОН	Н		

Page Total \$
