



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee CITIZENS FOR CONISON			
To Whom Paid FIFTH THIRD BANK		Date (MM/DD/YYYY) 2/01/2017 - 12/31/2017	Amount 50.45
Street Address 850 S. HAMILTON RD.		Purpose BANK FEES	
City WHITEHALL	State OH <input type="button" value="v"/>	Zip Code 43213	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
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 50.45