



Statement of Expenditures

Form 31-B

R.C. 3517.10

| | | | | |
|---|-------------|--|--------------|-----------------|
| Full Name of Committee Friends of Schregardus | | | | |
| To Whom Paid Fifth Third Bank | | Date (MM/DD/YYYY) 01/01/2018 | | Amount 11.00 |
| Street Address 809 S. High Street | | Purpose account service fee | | |
| City Columbus | State OH | Zip Code 43206 | Check Number | |
| To Whom Paid Fifth Third Bank | | Date (MM/DD/YYYY) 02/01/2018 | | Amount 11.00 |
| Street Address 809 S. High Street | | Purpose account service fee | | |
| City Columbus | State OH | Zip Code 43206 | Check Number | |
| To Whom Paid Fifth Third Bank | | Date (MM/DD/YYYY) 03/01/2018 | | Amount 11.00 |
| Street Address 809 S. High Street | | Purpose account service fee | | |
| City Columbus | State OH | Zip Code 43206 | Check Number | |
| To Whom Paid Fifth Third Bank | | Date (MM/DD/YYYY) 04/01/2018 | | Amount 11.00 |
| Street Address 809 S. High Street | | Purpose account service fee | | |
| City Columbus | State OH | Zip Code 43206 | Check Number | |
| To Whom Paid Accounting Adjustment | | Date (MM/DD/YYYY) 04/10/2018 | | Amount .10 |
| Street Address | | Purpose 10 cents less in account upon closing - accounting adjustment | | |
| City | State OH | Zip Code | Check Number | |

Page Total \$ **44.10**