

Statement of Expenditures

Form 31-B

Page

R.C. 3517.10

| Full Name of Committee | | | |
|---|-------------|----------------------|---|
| CitiZENS FOR TOM SAKER | | | |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount |
| OM SAKER | | 1-18-201 | s 644. T |
| Street Address Purpose | | | |
| 4418 Mountain Laurel RD | VA | Y LEBT/ | LOAN |
| Street Address 4418 Mountain Launel RS City To Whom Paid | State OH | Zip Code 1 430 26 | Check Number CLOSED CHECKING ATTACK |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount |
| Street Address | Purpose | | |
| City | State | Zip Code | Check Number |
| | он | | |
| To Whom Paid | <u>L </u> | Date (MM/DD/YYYY) | Amount |
| | | | |
| Street Address | Purpose | | |
| | | , | |
| City | State | Zip Code | Check Number |
| | он | | <u></u> |
| To Whom Paid | | Date (MM/DD/YYYY) | Amount |
| Street Address | Purpose | | |
| Street Address | i dipose | | ł |
| City | State | Zip Code | Check Number |
| | ОН | | |
| To Whom Paid | <u> </u> | Date (MM/DD/YYYY) | Amount |
| | | | |
| Street Address | Purpose | | |
| | | | |
| City | State | Zip Code | Check Number |
| | ОН | | |

Page Total \$ 644.24