

Page 1

## **Statement of Expenditures**

Form 31-B

R.C. 3517.10

Full Name of Committee						
Citizens for Troper						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Transfer debt payment		11/13/2017		17	63.48	
Street Address	Purpose					
City	State Zip Code Check Number					
	OH	1202			02	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	لـــــ				
City	State OH	Zip	Code	Che	eck Number	
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose				1	
City	State	Zip '	Code Che		eck Number	
	он					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State OH	Zip Code Che		Che	eck Number	
To Whom Paid	ОН		Date (MM/DD/YYYY)		Amount .	
	<u></u>					
Street Address	Purpose					
City	State	Zip	Che Che		neck Number	
	ОН					

Page	Total \$	63.48		
_			 	 