



Statement of Expenditures

Form 31-8

R.C. 3517.10

Full Name of Committee Citizens for Troper			
To Whom Paid Transfer debt payment		Date (MM/DD/YYYY) 11/13/2017	Amount 63.48
Street Address		Purpose	
City	State OH	Zip Code	Check Number 1202
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 \$ 63.48