



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Committee to Elect Lou Trues</i>				
To Whom Paid <i>Pay Per</i>		Date (MM/DD/YYYY) <i>9/23/19</i>		Amount <i>\$6.19</i>
Street Address		Purpose <i>Processing fee</i>		
City	State OH	Zip Code	Check Number	
To Whom Paid <i>Pay Per</i>		Date (MM/DD/YYYY) <i>10/16/19</i>		Amount <i>\$4.95</i>
Street Address		Purpose <i>Processing fee</i>		
City	State OH	Zip Code	Check Number	
To Whom Paid <i>Pay Per</i>		Date (MM/DD/YYYY) <i>10/9/19</i>		Amount <i>\$3.50</i>
Street Address		Purpose <i>Processing fee</i>		
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 \$ 14.55