

## Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
Committee to Re-Elect Marc Schare			
To Whom Paid	· — ····	Date (MM/DD/YYYY)	Amount
<i>U3P</i> S		Date (MM/DD/YYYY)  /0/14/1017	102,00
Street Address	Purpose		
Interne fore 40 GRACE GAINE	Postage		
City	State	Zip Code	Check Number
Powell	он	43065	
To Whom Paid	·	Date (MM/DD/YYYY)	Amount
Hotores, Com		@ 10/17/2017	1729.95
Street Address	Purpose		
2,400 Sumaron Ave	Post	tanl	
City	State	Zip Code	Check Number
2400 Superior Ave Cleveling	ОН	14144	
To Whom Paid	1	Date (MM/DD/YYYY)	Amount
Street Address	Purpose		
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		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address	Purpose		•
City	State	Zip Code	Check Number
	ОН		

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