



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Citizens For Lindsay Duffey			
To Whom Paid Ohio Township Association		Date (MM/DD/YYYY) 08/10/2018	Amount 20.00
Street Address 6500 Taylor Station Rd. Suite A		Purpose OTA Leadership Academy	
City Blacklick	State OH	Zip Code 43004	Check Number 107
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
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 20.00