



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Citizens for Tricia Sprankle				
To Whom Paid The Mad Statist		Date (MM/DD/YYYY) 05/26/2019		Amount 100.00
Street Address		Purpose Design Literature		
City Charleston	State SC	Zip Code	Check Number PayPal	
To Whom Paid Tricia Sprankle		Date (MM/DD/YYYY) 05/30/2019		Amount 200.00
Street Address		Purpose Partial reimbursement convention hotel/fees		
City	State OH	Zip Code	Check Number cash	
To Whom Paid Eventbright		Date (MM/DD/YYYY) 08/16/2019		Amount 38.77
Street Address		Purpose Event fee		
City	State OH	Zip Code	Check Number PayPal	
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 \$ 338.77