

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
ABBY VAILE FOR OUR CHILDREN						
To Whom Paid			Date (MM/DD/YYYY) Amount			
ABBY VAILE			12/6/2017 4500.			
1433 FAIRIDINAL	133 FAIRIDINA repai			ment of loan		
	State OH	Zip C	13214	Check Number		
To Whom Paid			Date (MM/DD/YYYY)	Amount		
Street Address	Purpose					
City	State	Zip C	Code	Check Number		
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To Whom Paid			Date (MM/DD/YYYY)	Amount		
Street Address	Address Purpose					
City	State	State Zip Code Check Number		Check Number		
	ОН					
To Whom Paid			Date (MM/DD/YYYY)	Amount		
Street Address	Purpose					
City	State	Zip C	Code	Check Number		
	ОН		ļ			
To Whom Paid	-		Date (MM/DD/YYYY)	Amount		
Street Address	Purpose					
City	State	Zip (Code	Check Number		
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Page Total \$ #500.