



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b>				
Committee to Elect Sue Ralph				
To Whom Paid		Date (MM/DD/YYYY)		Amount
Arlington Bank				\$9.00
Street Address		Purpose		
2130 Tremont Center		Bank fees for checking account.		
City	State	Zip Code	Check Number	
Columbus	OH	43221	N/A	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	
	OH			

Page Total \$ 9.00