



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee							
Citizens for Truex							
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Rob Truex		10/19/201		17	134.05		
Street Address	oddress Purpose						
1179 Starlight Dr	Reimbursement; Printing						
City	State	Zip Code Check Number			ck Number		
Reynoldsburg	он	43068 108			3		
To Whom Paid	Date (MM/DD/YYYY)			Amount			
Friends of Begeny	10/27/201		17	7 130.00			
Street Address	Purpose						
4100 Regent St	Reimbursement; Sign						
City	State	Zip Code		Check Number			
Columbus	он	43219		109	109		
To Whom Paid	<u></u>	Date (MM/DD/YYYY)			Amount		
Street Address	Purpose						
City	State	tate Zip Code Cl		Che	heck Number		
	ОН						
To Whom Paid	 	Date (MM/DD/YYYY)		Amount			
Street Address	Purpose						
City	State	tate Zip Code		Che	Check Number		
	ОН						
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Street Address Purpos			Purpose				
City	State Zip Code		Code	Che	eck Number		
	он						
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