



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Committee to Elect Lori Trem				
To Whom Paid Pay Pak - Return		Date (MM/DD/YYYY) 8/20/14		Amount 0.31
Street Address		Purpose Return of Test Report		
City	State OH	Zip Code		Check Number
To Whom Paid Pay Pak		Date (MM/DD/YYYY) 9/16/14		Amount \$7.55
Street Address		Purpose Processing fee		
City	State OH	Zip Code		Check Number
To Whom Paid Pay Pak		Date (MM/DD/YYYY) 9/12/14		Amount \$1.75
Street Address		Purpose Processing Fee		
City	State OH	Zip Code		Check Number
To Whom Paid Pay Pak		Date (MM/DD/YYYY) 9/5/14		Amount \$1.75
Street Address		Purpose Processing fee		
City	State OH	Zip Code		Check Number
To Whom Paid Pay Pak		Date (MM/DD/YYYY) 9/23/14		Amount \$3.20
Street Address		Purpose Processing fee		
City	State OH	Zip Code		Check Number