



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Citizens Advocating Reasonable Taxation			
To Whom Paid First Merchants Bank		Date (MM/DD/YYYY) 04/30/2018	Amount \$3
Street Address 4621 Reed Road		Purpose Checking Fee	
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43220	Check Number
To Whom Paid First Merchants Bank		Date (MM/DD/YYYY) 05/30/2018	Amount \$3
Street Address 4621 Reed Road		Purpose Checking Fee	
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43220	Check Number
To Whom Paid First Merchants Bank		Date (MM/DD/YYYY) 06/30/2018	Amount \$3
Street Address 4621 Reed Road		Purpose Checking Fee	
City Columbus	State OH <input checked="" type="radio"/>	Zip Code 43220	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH <input checked="" type="radio"/>	Zip Code	Check Number

Page Total \$ **\$9.00**