



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> CATHY SCHMELZER FOR PRAIRIE TOWNSHIP TRUSTEE			
To Whom Paid CATHY SCHMELZER		Date (MM/DD/YYYY) 12/06/2017	Amount \$118.52
Street Address 930 MURNAN		Purpose PRINTING	
City GALLOWAY	State OH	Zip Code 43119	Check Number 1
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 118.52