



Statement of Expenditures

Form 31-B

R.C. 3517.10

•		
1NV	Date (MM/DD/YYYY) 13/20/16 528 Sinto M	2/31/2014 Amount 154 50
Purpose 12/20	BANK PEES	FROM MONTHU 31/17 Fees
State OH	Zip Code 43212	Check Number
	Date (MM/DD/YYYY)	Amount
Purpose		
State OH	Zip Code	Check Number
<u> </u>	Date (MM/DD/YYYY)	Amount
Purpose		
State OH		
	Date (MM/DD/YYYY)	Amount
Purpose		
State OH	Zip Code	Check Number
	Date (MM/DD/YYYY)	Amount
Purpose		•
State	Zip Code	Check Number
	Purpose State OH Purpose State OH Purpose State OH State OH	Purpose State Zip Code Date (MM/DD/YYYY) Purpose State Zip Code Date (MM/DD/YYYY) Purpose State Zip Code Date (MM/DD/YYYY) Purpose State Zip Code Date (MM/DD/YYYY)

n m to use G	٧		
\$810°+154°= 964		Page Total \$	154 vo
Q OF	P# A	THE AN	D TOTAL DENDITUTES #96400