



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee	· · · · · · · · · · · · · · · · · · ·					
Hoyle for UA City Council						
To Whom Paid			Date (MM/DD/YYYY)	Ī	Amount	
Please see attached spreadsheet						
Street Address	Purpose	Purpose				
City	State	State Zip Code Check Number			ck Number	
	он					
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	e Zip Code		Check Number		
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To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	Purpose				
City	State	State Zip Code Check Number			ck Number	
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Street Address	Purpose	Purpose				
City	State Zip		Code		Check Number	
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