



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Schregardus				
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 06/12/2017		Amount 14.00
Street Address 809 S. High Street		Purpose Account Service Fee		
City Columbus	State OH	Zip Code 43206	Check Number	
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 07/13/2017		Amount 14.00
Street Address 809 S. High Street		Purpose Account Service Fee		
City Columbus	State OH	Zip Code 43206	Check Number	
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 08/10/2017		Amount 11.00
Street Address 809 S. High Street		Purpose Account Service Fee		
City Columbus	State OH	Zip Code 43206	Check Number	
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 09/13/2017		Amount 11.00
Street Address 809 S. High Street		Purpose Account Service Fee		
City Columbus	State OH	Zip Code 43206	Check Number	
To Whom Paid Fifth Third Bank		Date (MM/DD/YYYY) 10/12/2017		Amount 11.00
Street Address 809 S. High Street		Purpose Account Service Fee		
City Columbus	State OH	Zip Code 43206	Check Number	

Page Total \$ 61.00