



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Friends of Troy Markham</i>			
To Whom Paid <i>Fifth Third Bank</i>		Date (MM/DD/YYYY) <i>11/20/19</i>	Amount <i>24.59</i>
Street Address <i>Main St.</i>		Purpose <i>bank fees</i>	
City <i>Bexley</i>	State <i>OH</i>	Zip Code <i>43209</i>	Check Number <i>—</i>
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number

Page Total \$ 24.59