

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee						
Freits of hoz Markhen						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Full Name of Committee French of Troz Mar To Whom Paid Fifth Third Bala			11/20/19		24.59	
Street Address	Purpose	uiposc				
City Bexley	6	a	le tees			
City	State		Code	Chec	Check Number	
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To Whom Paid			Date (MM/DD/YYYY)	7	Amount	
Street Address	Purpose					
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To Whom Paid]	Date (MM/DD/YYYY)		Amount		
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TO VYHOITT AID			Date (WINNIDDITTT)			
	Purpose					
Street Address						
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Street Address	Purpose					
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Page Total \$ 24.59