



Statement of Expenditures

Form 31-B

R.C. 3517.10

To Whom Paid			-	Amount	
Bonnie Michael		12/01/2019		76.16	
Purpose					
Reimbursement-Position Paper FedEx Printing-NOT CASHED					
State Zip Code Check Number			eck Number		
н	43085		517	74	
		Date (MM/DD/YYYY)		Amount	
	12/01/20	19	0.70		
Purpose					
Reimbursement-Position Paper FedEx Printing-NOT CASHED					
ate	Zip Code CI		Che	neck Number	
н	43085		517	74	
Date (MM/DD/YYYY) Amount		Amount			
Bonnie Michael			12/01/2019 0.70		
Purpose					
Reimbursement-Position Paper FedEx Printing-NOT CASHED					
ate	Zip Code Check Number		ck Number		
н	43085		517	74	
· · · · · · · · · · · · · · · · · · ·		Date (MM/DD/YYYY)		Amount	
12/01/2019 7			76.86		
Purpose					
Reimbursement-Position Paper FedEx Printing-NOT CASHED					
ate	Zip Code		Che	Check Number	
н	43085		517	74	
Date (MM/DD/YYYY) Amount		Amount			
Bonnie Michael			12/01/2019 0.70		
Purpose					
Reimbursement-Position Paper FedEx Printing-NOT CASHED					
ate .	Zip Code Check Number		ck Number		
Н	430)53	517	74	
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Page Total \$	155.12	