



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
Our Community Our Schools			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Square		06/25/17	6.88
Street Address		Purpose	
1455 Market St, Suite 600		Fees for Processing Credit Card	
City	State	Zip Code	Check Number
San Francisco	CA	9410	N/A
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		

Page Total \$ 6.88