



Statement of Expenditures

Form 31-B

R.C. 3517.10

	-		
	Date (MM/DD/Y)	YYY) Amount	
		12/17/2018 \$29.26	
Purpose	. <u> </u>	<u> </u>	
Fees			
State	Zip Code Check Number		
CA	95131	None	
	Date (MM/DD/Y	(YY) Amount	
Purpose			
State	Zip Code	Check Number	
он			
1	Date (MM/DD/Y	(YY) Amount	
Purpose			
State	Zip Code	Check Number	
он			
	Date (MM/DD/Y)	YYY) Amount	
Purpose			
State	Zin Code	Chack Number	
ОН	Zip Code	Check Number	
	Date (MM/DD/Y)	(YY) Amount	· · · · · · · · · · · · · · · · · · ·
Purpose			
State	Zip Code	Check Number	
ОН			
	Fees State CA Purpose State OH Purpose State OH Purpose State OH State OH State OH State OH State OH	Purpose Fees State Zip Code CA 95131 Date (MM/DD/Y) Purpose Purpose State Zip Code CA CA CA CA CA CA CA C	Purpose Fees State Zip Code Check Number None Date (MM/DD/YYYY) Amount Purpose State Zip Code Check Number OH Date (MM/DD/YYYY) Amount Purpose State Zip Code Check Number OH Date (MM/DD/YYYY) Amount Purpose State Zip Code Check Number OH Date (MM/DD/YYYY) Amount

Page Total \$
