



Statement of Expenditures

Form 31-B

R.C. 3517.10

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

Page Total \$ 24.59