



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			······································					
WHITNEY SMITH FOR OHIO								
To Whorn Pald			Date (MM/DD/YYYY)		Amount			
FIFTH THIRD BANK			08/14/2019		11.00			
Street Address								
PO BOX 630900	Purpose SERVICE FEES							
City	State Zip Code Check Number							
CINCINNATI		٠	15263					
To Whom Paid	_	Date (MM/DD/YYYY) Amount						
FIFTH THIRD BANK		1 '		19 11.00				
Street Address	Purpose							
PO BOX 630900	SERVICE FEES							
City	State	Zip Code Check Number						
CINCINNATI	он	452	263	-				
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount			
FIFTH THIRD BANK			10/10/2019 11.00		11.00			
Street Address Purpose								
PO BOX 630900	SERVICE FEES							
City	State	ale Zip Code Check Number			ck Number			
CINCINNATI	он	452	263					
To Whom Pald			Dale (MM/DD/YYYY)	_	Amount			
FIFTH THIRD BANK			11/13/2019		11.00			
Street Address	Itreet Address Purpose							
PO BOX 630900	SERVICE FEES							
City	State	Zip	Code	Che	eck Number			
CINCINNATI	он	45	263					
To Whom Paid			Dale (MM/DD/YYYY)		Amount			
FIFTH THIRD BANK			12/12/2019 11.00					
Street Address	Purpose							
PO BOX 630900	SERVICE FEES							
City	State	Zip	Code Check Number		eck Number			
CINCINNATI	он	45	263					

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