2017 PRE AMENDED

JON HUSTED
Ohio Secretary of State

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
FRIENDS OF SHARON WHITTEN

To Whom Paid	Date (MM/DD/YYYY)	Amount
LOAN TRANSFER from 31-C	5/30/17	$285.00

Street Address	Purpose
5298 Solomon Ave	

City	State	Zip Code	Check Number
Groveport	OH	43125	WITHDRAWAL + DEPOSIT TO OTHER CHECKING ACCT

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

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City	State	Zip Code	Check Number
	OH		

Page Total $ 285.00