



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> CITIZENS FOR CARRIER			
To Whom Paid HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 01/31-12/31/2019	Amount 36.00
Street Address PO BOX 1558		Purpose MONTHLY BANK SERVICE CHARGES (\$3 PER MONTH)	
City COLUMBUS	State OH	Zip Code 43216	Check Number DEBIT
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
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 36.00