



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Chris Smith for Grandview			
To Whom Paid Ohio Ethics Commission		Date (MM/DD/YYYY) 02/28/2019	Amount \$35.00
Street Address 30 West Spring Street, L3		Purpose 2018 Financial Disclosure Statement Fee	
City Columbus	State OH	Zip Code 43215	Check Number N/A
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 \$ 35.00