31-B	
R.C. 3517.10	)

		Page 1

## Statement of Expenditures Prescribed by Secretary of State 2/01

Name of Committee in Full							
Grange Mutual Casualty Company Ohio	PAC						
To Whom Paid	· · · · · · · · · · · · · · · · · · ·		Date	Amount			
Friends for Ginther			05/16/2018	\$5,000.00			
Address	Purpose						
545 E. Town Street	Campai		vent - June 13, 2018)				
City	State	Zip Code	Check Number				
Columbus	ОН	43215	2137				
To Whom Paid	Date	Amount					
N/A	N/A	\$0.00					
Address	Purpose						
N/A	N/A						
City	State	Zip Code	Check Number				
N/A	N/A	N/A	N/A				
To Whom Paid			Date N/A	Amount \$0.00			
N/A	A						
Address		Purpose					
N/A	N/A						
City	State	Zip Code	Check Number				
N/A	N/A	N/A	N/A				
To Whom Paid			Date	Amount			
N/A			N/A	\$0.00			
Address	Purpose						
N/A	N/A						
City	State	Zip Code	Check Number				
N/A	N/A	N/A	N/A				
To Whom Paid	Date	Amount					
N/A	N/A	\$0.00					
Address	Purpose						
N/A	N/A						
City	State	Zip Code	Check Number				
N/A	N/A	N/A	N/A				
To Whom Paid	Date	Amount					
N/A	N/A	<b>\$</b> 0.00					
Address	Purpose						
N/A	N/A						
City	State	Zip Code	Check Number				
N/A	N/A	N/A	N/A				
To Whom Paid			Date	Amount			
N/A			N/A	\$0.00			
Address	Purpose	;					
N/A	N/A						
City	State	Zip Code	Check Number				
N/A	N/A	N/A	N/A				
To Whom Paid			Date	Amount			
N/A			N/A	\$0.00			
Address	Purpose	Purpose					
N/A	N/A						
City	State	Zip Code	Check Number				
N/A	N/A_	N/A	N/A				

Page Total: \$5,000.00