



**Statement of Expenditures**

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Committee to Elect Chuck Milliken			
To Whom Paid Ohio Ethics Commission		Date (MM/DD/YYYY) 10/07/2019	Amount 35.00
Street Address		Purpose Filing Fee	
City	State <input type="text"/>	Zip Code	Check Number
To Whom Paid USPS		Date (MM/DD/YYYY) 10/18/2019	Amount 55.55
Street Address		Purpose Postage	
City	State <input type="text"/>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <input type="text"/>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <input type="text"/>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <input type="text"/>	Zip Code	Check Number

Page Total \$ 90.55