JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
WHITNEY SMITH FOR OHIO

To Whom Paid	Date (MM/DD/YYYY)	Amount
WIX.COM	06/05/2018	16.00

Street Address	Purpose
200 SE 6TH STREET	SERVICE FEES

City	State	Zip Code	Check Number
FT LAUDERDALE	FL	33301	

To Whom Paid	Date (MM/DD/YYYY)	Amount
WIX.COM	06/19/2018	16.00

Street Address	Purpose
200 SE 6TH STREET	SERVICE FEES

City	State	Zip Code	Check Number
FT LAUDERDALE	FL	33301	

To Whom Paid	Date (MM/DD/YYYY)	Amount
WIX.COM	06/29/2018	16.00

Street Address	Purpose
200 SE 6TH STREET	SERVICE FEES

City	State	Zip Code	Check Number
FT LAUDERDALE	FL	33301	

To Whom Paid	Date (MM/DD/YYYY)	Amount
NEOPHILANTHROPY INC	05/23/2018	300.00

Street Address	Purpose
1312 9TH ST NW	CONTRIBUTION

City	State	Zip Code	Check Number
WASHINGTON	DE	20001	

To Whom Paid	Date (MM/DD/YYYY)	Amount

Street Address	Purpose

City	State	Zip Code	Check Number
	WY		

Page Total $ 348.00