

## **Statement of Expenditures**

Form 31-B

R.C. 3517.10

Full Name of Committee						
CITIZENS FOR CARRIER						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
HUNTINGTON NATIONAL BANK			10/15/20		3.00	
Street Address	Purpose					
PO BOX 1558	BANK SERVICE CHARGE					
City	State	Zip Code Check Number			ck Number	
COLUMBUS	он	432	3216 DEBIT			
To Whom Paid	Date (MM/DD/YYYY) Amount					
HUNTINGTON NATIONAL BANK	06/15/2017 3.00			3.00		
Street Address	Purpose					
PO BOX 1558	BANK SERVICE CHARGE					
City	State	Zip Code Check Numb		ck Number		
COLUMBUS	он	432	216 DEBI		ВІТ	
To Whom Paid		Date (MM/DD/YYYY) Amount			Amount	
HUNTINGTON NATIONAL BANK			07/15/2017 3.00			
Street Address	Purpose					
PO BOX 1558	BANK SERVICE CHARGE					
City	State	Zip Code Check		eck Number		
COLUMBUS	ОН	432	3216 DEBIT		BIT	
To Whom Paid		[	Date (MM/DD/YYYY)		Amount	
HUNTINGTON NATIONAL BANK	08/15/2017 3.00			3.00		
Street Address	Purpose					
PO BOX 1558	BANK SERVICE CHARGE					
City	State	Zip C	ode	Che	eck Number	
COLUMBUS	он	43216		DEBIT		
To Whom Paid	Date (MM/DD/YYYY) Amount			Amount		
HUNTINGTON NATIONAL BANK			09/15/2017 3.00			
Street Address	Purpose					
PO BOX 1558	BANK SERVICE CHARGE					
City	State	Zip Code Check Number		eck Number		
COLUMBUS	ОН ▼	432	16	DE	BIT	

Page Total \$	15.00	
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