



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee CITIZENS FOR CARRIER			
To Whom Paid PROFORMA		Date (MM/DD/YYYY) 10/10/2017	Amount 172.00
Street Address PO BOX 640814		Purpose BANK SERVICE CHARGE	
City CINCINNATI	State OH	Zip Code 45264	Check Number 230
To Whom Paid HILLIARD BRADLEY SOCCER		Date (MM/DD/YYYY) 06/08/2017	Amount 500.00
Street Address 2800 WALKER RD		Purpose SPONSORSHIP/ADVERTISING	
City HILLIARD	State OH	Zip Code 43026	Check Number 227
To Whom Paid SHAFFER PRODUCTIONS		Date (MM/DD/YYYY) 06/09/2017	Amount 300.00
Street Address 3433 RIVER PLACE DR		Purpose ADVERTISING/VIDEO SERVICES	
City COLUMBUS	State OH	Zip Code 43221	Check Number 228
To Whom Paid PROFORMA		Date (MM/DD/YYYY) 06/09/2017	Amount 86.00
Street Address PO BOX 640814		Purpose ADVERTISING/DESIGN	
City CINCINNATI	State OH	Zip Code 45264	Check Number 229
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 1058.00