



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee			
Citizens for Bonnie Michael			
To Whom Paid		Date (MM/DD/YYYY)	Amount
Ohio Ethics Commission		03/13/2018	35.00
Street Address		Purpose	
William Green Bldg 30 W Spring St		Financial Disclosure Filing	
City	State	Zip Code	Check Number
Columbus	OH	43215	debit card
To Whom Paid		Date (MM/DD/YYYY)	Amount
Bonnie Michael		05/30/2018	167.90
Street Address		Purpose	
231 St Antoine St		Reimburse for runandwin (POBox 2096 Aiken, SC)-car magnets	
City	State	Zip Code	Check Number
Worthington	OH	43085	5054
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number
	OH		

Page Total \$ 202.90