



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee CITIZENS FOR CARRIER				
To Whom Paid ALTAN ACCOUNTING		Date (MM/DD/YYYY) 10/31/2017		Amount 250.00
Street Address 5252 NORWICH ST		Purpose ACCOUNTING/FINANCE REPORTING		
City HILLIARD	State OH	Zip Code 43026	Check Number 231	
To Whom Paid SHAFFER PRODUCTIONS		Date (MM/DD/YYYY) 11/02/2017		Amount 300.00
Street Address 3433 RIVER PLACE DR		Purpose ADVERTISING/VIDEO		
City COLUMBUS	State OH	Zip Code 43221	Check Number 232	
To Whom Paid PAUL LAMBERT		Date (MM/DD/YYYY) 12/01/2017		Amount 167.00
Street Address 4697 PRESTIGE LN		Purpose ADVERTISING		
City HILLIARD	State OH	Zip Code 43026	Check Number 233	
To Whom Paid HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 11/15/2017		Amount 3.00
Street Address PO BOX 1558		Purpose BANK SERVICE CHARGE		
City COLUMBUS	State OH	Zip Code 43216	Check Number DEBIT	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State	Zip Code	Check Number	

Page Total \$ 720.00