OFFICE OF THE
Ohio Secretary of State

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Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee

Citizens for Johnson

To Whom Paid	Date (MM/DD/YYYY)	Amount
Cathy Johnson	10/11/2017	407.07

Street Address	Purpose
7475 Opossum Run Rd	Reimburse for Expenses

City	State	Zip Code	Check Number
London	OH	43140	1001

To Whom Paid	Date (MM/DD/YYYY)	Amount
Postmaster Harrisburg	10/10/2017	170.00

Street Address	Purpose
1019 Columbus St.	Postage Stamps

City	State	Zip Code	Check Number
Harrisburg	OH	43126	1002

To Whom Paid	Date (MM/DD/YYYY)	Amount
5th/3rd Bank	10/11/2017	48.17

Street Address	Purpose
4128 Stringtown Rd.	Check Printing

City	State	Zip Code	Check Number
Grove City	OH	43123	Auto withdrawal

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 $ 625.24