



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee WHITNEY SMITH FOR OHIO			
To Whom Paid FIFTH THIRD BANK		Date (MM/DD/YYYY) 06/21/2019	Amount 11.00
Street Address PO BOX 630900		Purpose SERVICE FEES	
City CINCINNATI	State OH	Zip Code 45263	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 11.00