



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee							
WHITNEY SMITH FOR OHIO							
To Whom Paid			Date (MM/DD/YYYY)	Amo	unt		
WIX.COM			12/29/2017		16.00		
Street Address	Purpose						
200 SE 6TH STREET	SERVICE FEES						
City	State	Zip	p Code Check Number				
FT LAUDERDALE	FL	333	.01				
o Whom Paid			Date (MM/DD/YYYY) Amount				
CPMM SERVICES GROUP		0.			31/2017 1136.88		
Street Address	Purpose						
3785 INDIANOLA AVENUE	PRINTING						
City	State	Zip	p Code Check Number		ımber		
COLUMBUS	ОН	432	14				
To Whom Paid		Date (MM/DD/YYYY) Amount		unt			
NIX.COM			12/18/2017 16.00				
Street Address	Purpose						
200 SE 6TH STREET	SERVICE FEES						
City	State	Zip Code Check Number		umber			
FT FLAUDERDALE	FL	333	3301		i		
To Whom Paid	····		Date (MM/DD/YYYY)	Amo	unt		
Street Address	Purpose						
City	State	Zip Code Check Number		umber			
	ОН						
To Whom Paid			Date (MM/DD/YYYY)	Amo	punt		
Street Address	Purpose						
City	State	Zip Code Check Number		umber			
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