



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Citizens for Michael Schnetzer				
To Whom Paid Ohio Ethics Commission		Date (MM/DD/YYYY) 05/17/2018		Amount 35.00
Street Address 30 West Spring Street L3		Purpose Annual Disclosure Filing Fee		
City Columbus	State OH	Zip Code 43215	Check Number Electronic Debit	
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	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

Page Total \$ 35.00