



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) 05/14/2019	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

Page Total \$ 35.00