



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)		Amount	
FIFTH THIRD BANK			08/10/201		10.75	
Street Address	Address Purpose				<u> </u>	
PO BOX 630900	SERVICE FEES					
City	State	Zip Code Check Number			eck Number	
CINCINNATI	он	452	263			
To Whom Paid			Date (MM/DD/YYYY)		Amount	
FIFTH THIRD BANK			08/29/20)18	15.99	
Street Address	Purpose					
PO BOX 630900	SERVICE FEES					
City	State	Zip	Code	Check Number		
CINCINNATI	он	452	263			
To Whom Paid			Date (MM/DD/YYYY)		Amount	
FIFTH THIRD BANK			09/13/2018 10.75			
Street Address	Purpose					
PO BOX 630900	SERVICE FEES					
City	State	Zip Code Check Number			eck Number	
CINCINNATI	он	452	5263			
To Whom Paid	•		Date (MM/DD/YYYY)		Amount	
Street Address	Purpose			<u> </u>		
City	State	Zip	Code	Che	eck Number	
	он					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip Code Check Number			eck Number	
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