



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee CITIZENS FOR CARRIER			
To Whom Paid ALTAN ACCOUNTING LLC		Date (MM/DD/YYYY) 01/02/2018	Amount 150.00
Street Address 5252 NORWICH ST		Purpose ACCOUNTING/FINANCE REPORTS	
City HILLIARD	State OH	Zip Code 43026	Check Number 234
To Whom Paid HUNTINGTON NATIONAL BANK		Date (MM/DD/YYYY) 01/31-12/31/2018	Amount 125.00
Street Address PO BOX 1558		Purpose MONTHLY BANK SERVICE CHARGES	
City COLUMBUS	State OH	Zip Code 43216	Check Number 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

Page Total \$ 275.00