



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee <i>Friends of Sharon Whitten</i>			
To Whom Paid <i>Sigrocket</i>		Date (MM/DD/YYYY) <i>10/23/17</i>	Amount <i>230.⁰⁰</i>
Street Address <i>340 Broadway Ave</i>		Purpose <i>Signal</i>	
City <i>Mt. Paul Park</i>	State <i>OH</i>	Zip Code <i>43071</i>	Check Number <i>Debit Card</i>
To Whom Paid <i>Sharon Whitten</i>		Date (MM/DD/YYYY) <i>10/27/17</i>	Amount <i>50</i>
Street Address <i>5298 Solomon Ave</i>		Purpose <i>repay loan</i>	
City <i>Groveport</i>	State <i>OH</i>	Zip Code <i>43125</i>	Check Number <i>Withdrawal</i>
To Whom Paid		Date (MM/DD/YYYY) <i>10/29/17</i>	Amount <i>50</i>
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State <i>OH</i>	Zip Code	Check Number

Page Total \$ *280.00*