

# FOR PAPER FILING ONLY

## Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full <b>FRIENDS of JIM GRAHAM</b>									
To Whom Paid <b>OHIO ETHICS COMMISSION</b>						M	D	Y	Amount <b>35.00</b>
Address <b>30 W. SPRING ST</b>			Purpose <b>(ELECTRONIC PAYMENT) FINANCIAL DISCLOSURE STATEMENT</b>			<b>01/24/17</b>			
City <b>COLUMBUS, OH</b>			State <b>OH</b>		Zip Code <b>43215</b>		Check Number		
To Whom Paid <b>US BANK</b>						M	D	Y	Amount <b>55.00</b>
Address <b>P.O. BOX 1800</b>			Purpose <b>FEB THEVDEED MONTHLY BANK FEES</b>			<b>17</b>			
City <b>ST. PAUL MINNESOTA</b>			State <b>MINN</b>		Zip Code <b>55101-0800</b>		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>		Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State <b>OH</b>		Zip Code		Check Number		

\$ **901.00**  
Page Total **\$0.00**