



# Statement of Expenditures

Form 31-B

R.C. 3517.10

<b>Full Name of Committee</b> Friends of Flower			
To Whom Paid Anedot		Date (MM/DD/YYYY) 01/14/2019	Amount \$8.50
Street Address		Purpose Processing Fees	
City	State OH	Zip Code	Check Number
To Whom Paid Anedot		Date (MM/DD/YYYY) 01/25/2019	Amount \$1.30
Street Address		Purpose Processing Fees	
City	State OH	Zip Code	Check Number
To Whom Paid Anedot		Date (MM/DD/YYYY) 02/08/2019	Amount \$1.30
Street Address		Purpose Processing Fees	
City	State OH	Zip Code	Check Number
To Whom Paid Anedot		Date (MM/DD/YYYY) 02/09/2019	Amount \$1.30
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid Anedot		Date (MM/DD/YYYY) 03/09/2019	Amount \$2.30
Street Address		Purpose Processing Fees	
City	State OH	Zip Code	Check Number

Page Total \$ **14.70**