JON HUSTED
Ohio Secretary of State

Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee
Franklin County Adelante Dems

To Whom Paid	Date (MM/DD/YYYY)	Amount
5/3 Bank	7/13/2016	14.00

Street Address	Purpose
PO Box 630900	Bank Fees

City	State	Zip Code	Check Number
Cincinnati	OH	45263	

To Whom Paid	Date (MM/DD/YYYY)	Amount
5/3 Bank	8/10/2016	14.00

Street Address	Purpose
PO Box 630900	Bank Fees

City	State	Zip Code	Check Number
Cincinnati	OH	45263	

To Whom Paid	Date (MM/DD/YYYY)	Amount
5/3 Bank	09/13/2016	11.00

Street Address	Purpose
PO Box 630900	Bank Fees

City	State	Zip Code	Check Number
Cincinnati	OH	45263	

To Whom Paid	Date (MM/DD/YYYY)	Amount
5/3 Bank	10/13/2016	14.00

Street Address	Purpose
PO Box 630900	Bank Fees

City	State	Zip Code	Check Number
Cincinnati	OH	45263	

To Whom Paid	Date (MM/DD/YYYY)	Amount
5/3 Bank	11/10/2016	14.00

Street Address	Purpose
PO Box 630900	Bank Fees

City	State	Zip Code	Check Number
Cincinnati	OH	45263	

Page Total $ 70.00