

Statement of Expenditures

Form 31-B

R.C. 3517.10



Full Name of Committee			<u> </u>		
Friends of Sandi Allen				_	
To Whom Paid	•		Date (MM/DD/YYYY)	Amount	
-					
Street Address	Purpose				
City		State Zip Code Check Number			
	ОН				
To Whom Paid			Date (MM/DD/YYYY)	Amount	
·			Date (WIW/DD/1111)	Amount	
20			<u> </u>		
Street Address	Purpose				
Oth.					
City	State	Zip	Code	Check Number	
	ОН				
To Whom Paid			Date (MM/DD/YYYY)	Amount	
Street Address	Purpose		<u> </u>		
City	State Zip (Code	Check Number	
	ОН				
To Whom Paid		Ш.	Date (MM/DD/YYYY)	Amount	
			Date (WINNIDDITTTT)	Amount ,	
Street Address					
Street Address	Purpose				
City	State	Zip	Code	Check Number	
	ОН				
To Whom Paid			Date (MM/DD/YYYY)	Amount	
Street Address	Purpose		-	1	
City	State	Zip	Code	Check Number	
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