



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Lori J Elmore			
To Whom Paid Ohio Ethics Commission		Date (MM/DD/YYYY) 05/14/2018	Amount 35.00
Street Address 30 West Spring Street L3		Purpose 2017 Financial Disclosure Fees	
City Columbus	State OH	Zip Code 43215	Check Number
To Whom Paid Wix.com		Date (MM/DD/YYYY) 05/14/2018	Amount 14.00
Street Address		Purpose Paypal Fee for online transactions	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State OH	Zip Code	Check Number

Page Total \$ 49.00