Statement of Expenditures

Page _____1

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jim Graham				
To Whom Paid			M D Y	Amount \$45.00
Franklin Co. Board of Elections Address	Purpose		0 1 3 1 1 1	\$45.00
280 E Broad St.	filing fee			
City Columbus	State	Zip Code 43215	Check Number 1115	ఇంకు ఎన్ని చూర్క
To Whom Paid Ohio Ethics Commission			M D Y 1 1 1 1 1	Amount \$25.00
Address 8 E. Long St.	Purpose filing fee			
City Columbus	State OH	Zip Code 43215	Check Number 1116	. ু ে কুরু ক্রম্পু
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