



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Friends of Flower			
To Whom Paid Anedot		Date (MM/DD/YYYY) 03/17/2019	Amount \$1.10
Street Address		Purpose Processing Fees	
City	State OH	Zip Code	Check Number
To Whom Paid Anedot		Date (MM/DD/YYYY) 04/01/2019	Amount \$2.30
Street Address		Purpose Processing Fees	
City	State OH	Zip Code	Check Number
To Whom Paid Anedot		Date (MM/DD/YYYY) 05/17/2019	Amount \$1.30
Street Address		Purpose Processing Fees	
City	State OH	Zip Code	Check Number
To Whom Paid Anedot		Date (MM/DD/YYYY) 05/31/2019	Amount \$1.30
Street Address		Purpose Processing Fees	
City	State OH	Zip Code	Check Number
To Whom Paid Anedot		Date (MM/DD/YYYY) 06/01/2019	Amount \$1.70
Street Address		Purpose Processing Fees	
City	State OH	Zip Code	Check Number

Page Total \$ 7.70