



Statement of Expenditures

Form 31-E

R.C. 3517.10

Full Name of Committee					
FRIENDS OF JANE FOX					
To Whom Paid			Date (MM/DDYYYY)		Amount
PLEASE SEE ATTACHED DETAIL.			,		
Street Address	Purpose				
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City	State Zip Code Check Number		ck Number		
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To Whom Paid	<u></u>		Date (MM/DD/YYYY)		Amount
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City	State	Zip	Code	Che	eck Number
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To Whom Paid			Date (MM/DD/YYYY)		Amount
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Street Address	Purpose				
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To Whom Paid	<u> </u>	<u> </u>	Date (MM/DD/YYYY)	<u> </u>	Amount
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Street Address	Purpose				
City	State Zip Code Che		eck Number		
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