



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee							
Friends of Jim Graham							
To Whom Paid			Date (MM/DD/YYYY)		Amount		
Ohio Ethics Commission			02/14/2018		\$35.00		
Street Address							
30 West Spring Street, L3	Purpose Filing Fee						
City	State Zip Code Check Number						
Columbus	1	43213 1124					
To Whom Paid		_	Date (MM/DD/YYYY)		Amount		
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