31-B R.C. 3517.10

FOR PAPER FILING ONLY Statement of Expenditures

Page	

Prescribed by Secretary of State 2/01

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Name of Committee in Full Friends of Chris Valentine						
To Whom Paid Chase Bank			M	D	Y	Amount \$156.00
Address	Purpose 13 month	Purpose 13 months x \$12				
City	State OH	Zip Code	Check Number			
To Whom Paid			. М	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check Number			
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Address	Purpose					
City	State OH	Zip Code	Check Number			
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City	State OH	Zip Code	Check Number			
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Address	Purpose			<u> </u>	l'	•
City	State OH	Zip Code	Check Number			
To Whom Paid	, , , , , , , , , , , , , , , , , , ,		M	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check	Number		