



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Franklin County Adelante Dems				
To Whom Paid 5/3 Bank		Date (MM/DD/YYYY) 12/13/2016		Amount 14.00
Street Address PO Box 630900		Purpose Bank Fees		
City Cincinnati	State OH	Zip Code 45263	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State OH	Zip Code	Check Number	

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Page Total \$ 14.00