



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) 10/13/2019	Amount \$4.30
Street Address		Purpose Processing Fees	
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

Page Total \$ 4.30