



## **Statement of Expenditures**

Form 31-B

R.C. 3517.10

Full Name of Committee						
Friends of Flower						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Anedot			10/13/2019		\$4.30	
Street Address Purpose						
	Processi	Processing Fees				
City	State	Zip	Code	Che	eck Number	
	он					
To Whom Paid		ı	Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip Code		Check Number		
	ОН	l				
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	Purpose				
City	State	Zip	Zip Code Check Number		eck Number	
	он					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose					
City	State	Zip	Code	Che	eck Number	
	ОН					
To Whom Paid			Date (MM/DD/YYYY)		Amount	
Street Address	Purpose	Purpose				
City	State	Zip (	Zip Code Check Number			
	OH	Zip Joue Cileti		ck Number		

Page Total \$<sup>4.30</sup>