



## **Statement of Expenditures**

Form 31-B

R.C. 3517.10

Full Name of Committee				<u> </u>			
Adelante Franklin County Democrats							
To Whom Paid			Date (MM/DD/YYYY)		Amount		
5/3 Bank			08/10/2018		11.00		
Street Address	t Address Purpose						
PO Box 930600	Bank Fee						
City	State Zip Code Check Number						
Cincinnati	OH 45263						
To Whom Paid			Date (MM/DD/YYYY)		Amount		
5/3 Bank			09/12/2018 11.00		11.00		
Street Address	Purpose						
PO Box 930600	Bank Fee						
City	State	Zip	ip Code Check Number				
Cincinnati	ОН	452	263				
To Whom Paid			Date (MM/DD/YYYY)		Amount		
5/3 Bank			10/14/2018 14.00				
Street Address Purpose							
PO Box 930600	Bank Fee						
City	State	Zip Code Check Number			ck Number		
Cincinnati	ОН	452	263				
To Whom Paid			Date (MM/DD/YYYY)		Amount		
5/3 Bank			11/13/20	)18	11.00		
Street Address	Purpose						
PO Box 930600	Bank Fee						
City	State	Zip	Code Check Number				
Cincinnati	ОН	452	263				
To Whom Paid			ate (MM/DD/YYYY)		Amount		
5/3 Bank					11.00		
Street Address	Purpose						
PO Box 930600	Bank Fee						
City	State	State Zip Code Check Number					
Cincinnati	ОН	452	263				

Page	Total \$5	8.00	
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