Statement of Expenditures

Page ____

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Jim Graham			
To Whom Paid			M D Y Amount
Franklin County Board of Elections	18		0 1 2 7 1 5 \$45.00
Address 1700 Morse Rd.		n of Candidacy	_
City Columbus	OH State	Zip Code 43229	Check Number 1118
To Whom Paid Ohio Ethics Commission			M D Y Amount 0 4 0 6 1 5 \$35.00
Address 30 West Spring Street	Purpose Financial E	Disclosure Payment-ele	ctronic payment
City Columbus	State OH	Zip Code 43215	Check Number
To Whom Paid Conison for Council		M D Y Amount 0 8 1 6 1 5 \$35.00	
Address 952 Karl St.	Purpose Election Co	ontribution	
City Whitehall	State OH_	Zip Code 43227	Check Number 1120
To Whom Paid Citizens for Kim Maggard	***************************************	- i .	M D Y Amount 0 8 1 8 1 5 \$100.00
Address 600 Link Rd.	Purpose Election Co	ontribution	
City Whitehall	State OH	Zip Code 43213	Check Number 1121
To Whom Paid citizens for Quincel M D Y Amount 0 8 2 9 1 5 \$35.00			
Address 5047 Doral	Purpose Election Cor	ntribution	
City Whitehall	OH	Zip Code 43213	Check Number 1122
To Whom Paid			M D Y Amount
Address	Purpose		
City	State OH	Zip Code	Check Number
To Whom Paid M D Y Amount			M D Y Amount
Address	Purpose		1
City	State OH	Zip Code	Check Number
To Whom Paid M D Y Amount			
Address	Purpose		•
City	State	Zip Code	Check Number