

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page 1

Name of Committee in Full Friends of Jim Graham						
To Whom Paid Ohio Ethics Commission			M 0	D 3	Y 0	Amount \$35.00
Address 30 West Spring Street		Purpose electronic filing fee				
City Columbus	State OH	Zip Code 43215	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State OH	Zip Code	Check Number			

Page Total **\$35.00**