Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full							
Friends of Jim Graham	- · · · · · · · · · · · · · · · · · · ·						
To Whom Paid Ohio Ethics Commission	M D Y 1 3 0 Z 1 1 3	Amount \$35.00					
Address	Purpose						
30 West Spring Street	electronic filing fee						
City	State	Zip Code	Check Number				
Columbus	ОН	43215					
To Whom Paid			M D Y	Amount			
Address	Ригроѕе						
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City	State OH	Zip Code	Check Number				
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