



Statement of Expenditures

Form 31-B

R.C. 3517.10

Full Name of Committee Franklin County Adelante Democrats			
To Whom Paid 5/3 Bank		Date (MM/DD/YYYY) 05/01/2017	Amount 5.00
Street Address PO Box 630900		Purpose Bank Fee	
City Cincinnati	State OH	Zip Code 45263	Check Number
To Whom Paid 5/3 Bank		Date (MM/DD/YYYY) 05/10/2017	Amount 11.00
Street Address PO Box 630900		Purpose Bank Fee	
City Cincinnati	State OH	Zip Code 45263	Check Number
To Whom Paid 5/3 Bank		Date (MM/DD/YYYY) 06/01/2017	Amount 5.00
Street Address PO Box 630900		Purpose Bank Fee	
City Cincinnati	State OH	Zip Code 45263	Check Number
To Whom Paid 5/3 Bank		Date (MM/DD/YYYY) 06/12/2017	Amount 11.00
Street Address PO Box 630900		Purpose Bank Fee	
City Cincinnati	State OH	Zip Code 45263	Check Number
To Whom Paid		Date (MM/DD/YYYY)	Amount
Street Address		Purpose	
City	State	Zip Code	Check Number

Page Total \$ 32.00