



Statement of Expenditures

Form 31-E

R.C. 3517.10

Full Name of Committee	<u> </u>					
Franklin County Adelante Democrats						
To Whom Paid			Date (MM/DD/YYYY)		Amount	
5/3 Bank			1/12/2018		11.00	
Street Address	Purpose		<u> </u>		<u> </u>	
PO Box 630900	Bank Fee					
City	State	State Zip Code Check Number				
Cincinnati	он	45	263			
To Whom Paid	<u> </u>		Date (MM/DD/YYYY)		Amount	
5/3 Bank			02/12/20)18	11.00	
Street Address	Purpose					
PO Box 630900	Bank Fee					
City	State	Zip	Code	Che	eck Number	
Cincinnati	он	45	263			
To Whom Paid	<u></u>		Date (MM/DD/YYYY)		Amount	
5/3 Bank			03/12/20)18	11.00	
Street Address	Purpose		L		<u> </u>	
PO Box 630900	Bank Fee					
City	State	ate Zip Code Check Number			eck Number	
Cincinnati	он	45	263			
To Whom Paid			Date (MM/DD/YYYY)		Amount	
5/3 Bank			04/11/2018		11.00	
Street Address	Purpose		<u> </u>		<u> </u>	
PO Box 630900	Bank Fee					
City	State	Zip	Check Number			
Cinncinnati	он	45	263			
To Whom Paid			Date (MM/DD/YYYY)		Amount	
5/3 Bank			05/10/2018 11.00			
Street Address	Purpose					
PO Box 630900	Bank Fee					
City	State	Zip	Code	Che	eck Number	
Cincinnati	он	45	263			

Dage	Total \$	Œ	55.00	
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