

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 4	Y 1	Amount \$35.00
Address 30 West Spring Street		Purpose Financial Disclosure Payment--electronic check					
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**