

Statement of Expenditures

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	Amount \$25.00
Address 8 East Long St.						Purpose Filling Fee			
City Columbus			State OH	Zip Code 43215	Check Number 1114				
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				