

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full										
Acker for Judge										
To Whom Paid							M	D	Y	Amount
SEE ATTACHED 1 PAGES										
Address				Purpose						
City				State		Zip Code		Check Number		
To Whom Paid							M	D	Y	Amount
Address				Purpose						
City				State		Zip Code		Check Number		
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City				State		Zip Code		Check Number		
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City				State		Zip Code		Check Number		
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Address				Purpose						
City				State		Zip Code		Check Number		
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Address				Purpose						
City				State		Zip Code		Check Number		

Page Total \$ _____