## **Statement of Expenditures**

	1
Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full Frank Macke for Judge Committee		•	·····	
To Whom Paid			M D Y	Amount
Chase Bank			1 2 3 1 1 3	\$15.00
Address	Purpose Bank Fees			
City Columbus	State OH	Zip Code	Check Number	
To Whom Paid From Form 31-C	-		M D Y	Amount \$176.09
Address	Purpose Loan Repa	ayment	<u> </u>	
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	<del>!</del>		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		<u> </u>	
City	State OH	Zip Code	Check Number	