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Statement of Expenditures

| Page | |
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Prescribed by Secretary of State 2/01

| Name of Committee in Full Grubb for Judge Committee | | | | |
|---|---------------------------------------|--------------------------|---------------------------------------|-------------------|
| To Whom Paid Fifth Third Bank | | | M D Y 1 3 1 1 3 | Amount \$39.00 |
| P.O. Box 630900 | Purpose | | | |
| City Cincinnati | State OH | Zip Code 45263 | Check Number | |
| To Whom Paid United Way | | | 0 9 1 3 1 3 | Amount \$41.96 |
| Address 360 S. 3rd St. | Purpose Charitable [| Oonation Cashier's Check | to close account a | at zero balance. |
| City Columbus | State OH | Zip Code 43215 | Check Number 22143267 | |
| To Whom Paid | | | M D Y | Amount |
| Address | Purpose | | | |
| City | State | Zip Code | Check Number | |
| To Whom Paid | <u> </u> | • | M D Y | Amount |
| Address | Purpose | | L: 1 ! 1 ! . | |
| 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 | |
| To Whom Paid | · | • | M D Y | Amount |
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| Address | Purpose | · | | |
| City | State OH | Zip Code | Check Number | |
| To Whom Paid | <u>'</u> | | M D Y | Amount |
| Address | Purpose | | · · · · · · · · · · · · · · · · · · · | |
| City | State OH | Zip Code | Check Number | |