Statement of Expenditures



Prescribed by Secretary of State 2/01

Name of Committee in Full M TACTO S.H FOL -	JUDGE			
To Whom Paid CHase Bank -	SELVICE FEES	M _.	Đ Y	Amount O. O.)
Name of Committee in Full MINTOSH FOK To Whom Paid CHASC BANK - Address City	Purpose VEAL	2010	 	
City	State Zip Code OH	Check i	Number	
To Whom Paid		М	D Y	Amount
Address	Purpose :		 	1
City	State Zip Code OH	Check	Number	pri A
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City	State Zip Code OH	Check	Number	
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To Whom Paid	· · · · · · · · · · · · · · · · · · ·	М	D Y	Amount
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City	State OH Zip Code	Check	Number	
To Whom Paid		M	D, Y	Amount
Address	Purpose :			
City	State Zip Code OH .	Check	Number	
To Whom Paid		M _.	D Y	Amount
Address	Purpose			
City	State Zip Code OH	Check	Number	