

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Committee to Keep Judge Squire										
To Whom Paid no expenditures							M	D	Y	Amount \$0.00
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				
To Whom Paid							M	D	Y	Amount
Address			Purpose							
City			State OH	Zip Code		Check Number				

Page Total **\$0.00**