Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Grubb for Judge Committee				
To Whom Paid			M D Y Amount	
Fifth Third Bank		<u></u>	1 0 0 3 1 1 \$5.00	
Address P.O. Box 630900	Bank Fee	Purpose Bank Fee (Debit)		
City Cincinnati	State OH	Zip Code 45263	Check Number N.A.	
To Whom Paid Fifth Third Bank			M D Y Amount 1 1 1 55.00	
Address P.O. Box 630900	Purpose Bank Fee	Bank Fee (Debit)		
City Cincinnati	State OH	Zip Code 45263	Check Number N.A.	
To Whom Paid Fifth Third Bank		M D Y Amount 1 2 0 1 1 1 \$5.00		
Address P.O. Box 630900	Purpose Bank Fee	Bank Fee (Debit)		
City Cincinnati	State OH	Zip Code 45263	Check Number N.A.	
To Whom Paid		·	M D Y Amount	
Address	Purpose			
City	State OH	Zip Code	Check Number	
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Address	Purpose			
City	State OH	Zip Code	Check Number	
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City	State OH	Zip Code	Check Number	
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Address	Purpose		•	
City	State OH	Zip Code	Check Number	