Statement of Expenditures

Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Re-Elect Judge Hummer			
To Whom Paid Franklin County Democratic Laywers Club	.		M D Y Amount \$200.00
Address 41 S. High Street, Suite 1700	Purpose Donation		
City Columbus	State	Zip Code 43215	Check Number
To Whom Paid Citizens for Stinziano	1		M D Y Amount 1 0 2 2 1 5 \$150.00
Address	Purpose	<u> </u>	1.14 12 12 1 1 9 9 1 3 0 . 3 0
545 E. Town Street	Donation	Zip Code	Check Number
Columbus To Whom Paid	OH	43215	M D Y Amount
Address	Purpose		
City	State	Zip Code	Check Number
To Whom Paid	OH _.		M D Y Amount
Address	Purpose		
City	State	Zip Code	Check Number
	OH.		
To Whom Paid			M D Y Amount
Address	Purpose		
City	OH State	Zip Code	Check Number
To Whom Paid			M D Y Amount
Address	Ригроѕе		
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	Zip Code	Check Number