

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full White for Judge Committee									
To Whom Paid Helen MacMurray						M	D	Y	Amount
						0	3	2	587.13
Address 65 E. State St., Ste. 1800						Purpose Reimbursement for CBA Mailing List			
City Columbus						State O		Zip Code 43215	Check Number 1001
To Whom Paid Javier H. Armengau						M	D	Y	Amount
						0	6	0	50.00
Address 536 S. High St.						Purpose Refund excess contribution.			
City Columbus						State O		Zip Code 43215	Check Number 1006
To Whom Paid Joseph Scott						M	D	Y	Amount
						0	6	0	277.81
Address 35 E. Livingston Ave.						Purpose Refund excess contribution. (in-kind)			
City Columbus						State O		Zip Code 43215	Check Number 1007
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number
To Whom Paid						M	D	Y	Amount
Address						Purpose			
City						State		Zip Code	Check Number