R.C. 3517.10

FOR PAPER FILING ONLY Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full David Tyack for Judge Committee					
To Whom Paid Suzanne E. Marshall	· · · · · · · · · · · · · · · · · · ·		M D Y O 1 1 1 1	Amount \$105.00	
Address 260 N. Cassady Ave.	Purpose	Purpose accounting services			
City Columbus	State OH	Zip Code 43209	Check Number 1018		
To Whom Paid Fifth Third Bank			$\begin{bmatrix} 1 & 0 & 1 & 3 & 1 \end{bmatrix}$	Amount \$3.00	
Address P.O. Box 630900	service	Purpose service charge			
City Cincinnati	OH	Zip Code 45263	Check Number	**	
To Whom Paid Fifth Third Bank			1 1 1 0 1 1	Amount \$3.00	
Address P.O. Box 630900	Purpose service ch	_			
City Cincinnati	State OH	Zip Code 45263	Check Number	1	
To Whom Paid Fifth Third Bank	Whom Paid ifth Third Bank			Amount \$3.00	
Address P.O. Box 630900	Purpose service ch	Purpose service charge			
City Cincinnati	State OH	Zip Code 45263	Check Number		
To Whom Paid	················	· · · · · · · · · · · · · · · · · · ·	M D Y	Amount	
Address	Purpose				
City	OH State	Zip Code	Check Number		
To Whom Paid	<u> </u>		M D Y	Amount	
Address	Purpose				
City	State OH	Zip Code	Check Number	And The State	
To Whom Paid		<u>, </u>	M D Y	Amount	
Address	Purpose			, <u></u>	
City	State OH	Zip Code	Check Number	, ω	
To Whom Paid	1		M D Y	Amount	
Address	Purpose				
City	State OH	Zip Code	Check Number		