

# FOR PAPER FILING ONLY

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full <b>David Tyack for Judge Committee</b>											
To Whom Paid <b>Suzanne E. Marshall</b>						M	D	Y	Amount		
						0	1	2	1	1	\$105.00
Address <b>260 N. Cassady Ave.</b>				Purpose <b>accounting services</b>							
City <b>Columbus</b>				State <b>OH</b>	Zip Code <b>43209</b>		Check Number <b>1018</b>				
To Whom Paid <b>Fifth Third Bank</b>						M	D	Y	Amount		
						1	0	1	3	1	\$3.00
Address <b>P.O. Box 630900</b>				Purpose <b>service charge</b>							
City <b>Cincinnati</b>				State <b>OH</b>	Zip Code <b>45263</b>		Check Number				
To Whom Paid <b>Fifth Third Bank</b>						M	D	Y	Amount		
						1	1	1	0	1	\$3.00
Address <b>P.O. Box 630900</b>				Purpose <b>service charge</b>							
City <b>Cincinnati</b>				State <b>OH</b>	Zip Code <b>45263</b>		Check Number				
To Whom Paid <b>Fifth Third Bank</b>						M	D	Y	Amount		
						1	2	1	2	1	\$3.00
Address <b>P.O. Box 630900</b>				Purpose <b>service charge</b>							
City <b>Cincinnati</b>				State <b>OH</b>	Zip Code <b>45263</b>		Check Number				
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State <b>OH</b>	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State <b>OH</b>	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State <b>OH</b>	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount		
Address				Purpose							
City				State <b>OH</b>	Zip Code		Check Number				