

# Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full <b>Grubb for Judge Committee</b>									
To Whom Paid <b>Fifth Third Bank</b>						M	D	Y	Amount <b>\$44.50</b>
Address <b>P.O. Box 630900</b>						Purpose <b>Bank Fees (debit)</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			
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			

Page Total **\$44.50**