

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Gerber for Council									
To Whom Paid See Attached Schedule						M	D	Y	Amount \$10,072.50
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			
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			