

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Tim Roberts									
To Whom Paid Fifth Third Bank						M	D	Y	Amount
Address P.O. Box 630900						0	7	0	1
City Cincinnati						1	1	0	5.00 ✓
Purpose Dormant Fees									
State O H						Zip Code 45263		Check Number	
To Whom Paid Fifth Third Bank						M	D	Y	Amount
Address P.O. Box 630900						0	8	0	2
City Cincinnati						1	1	0	5.00 ✓
Purpose 									
State O H						Zip Code 45263		Check Number	
To Whom Paid Fifth Third Bank						M	D	Y	Amount
Address P.O. Box 630900						0	9	0	1
City Cincinnati						1	1	0	5.00 ✓
Purpose 									
State O H						Zip Code 45263		Check Number	
To Whom Paid Fifth Third Bank						M	D	Y	Amount
Address P.O. Box 630900						1	0	0	1
City Cincinnati						1	1	0	5.00 ✓
Purpose 									
State O H						Zip Code 45263		Check Number	
To Whom Paid Fifth Third Bank						M	D	Y	Amount
Address P.O. Box 630900						1	1	0	1
City Cincinnati						1	1	0	5.00 ✓
Purpose 									
State O H						Zip Code 45263		Check Number	
To Whom Paid Fifth Third Bank						M	D	Y	Amount
Address P.O. Box 630900						1	2	0	1
City Cincinnati						1	1	0	5.00 ✓
Purpose 									
State O H						Zip Code 45263		Check Number	
To Whom Paid 						M	D	Y	Amount
Address 									
City 									
To Whom Paid 						M	D	Y	Amount
Address 									
City 									