

Statement of Expenditures

Prescribed by Secretary of State 2/01

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| Name of Committee in Full Gerber for Council | | | | | | | | | |
| To Whom Paid See Attached Schedule | | | | | | M | D | Y | Amount \$12,675.23 |
| Address | | | Purpose | | | | | | |
| City | | | State OH | Zip Code | | Check Number | | | |
| To Whom Paid | | | | | | M | D | Y | Amount |
| Address | | | Purpose | | | | | | |
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| Address | | | Purpose | | | | | | |
| City | | | State OH | Zip Code | | Check Number | | | |
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| Address | | | Purpose | | | | | | |
| City | | | State OH | Zip Code | | Check Number | | | |