

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full GERBER FOR COUNCIL										* please see attached detail *									
To Whom Paid										M	D	Y	Amount						
										1	0	1	9	1	5	6,914.10			
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									
To Whom Paid										M	D	Y	Amount						