31-B
R.C. 3517.10

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full												
Committee to Elect Tim Roberts												
To Whom Paid							M	D	Y		Amount	
Fifth Third Bank							0 7	0 1	1 0			5.00
Address	Purpose											
P.O. Box 630900	Dormant Fees											
City	State	Zip Code				Check Number						
Cincinnati	O H		45263									
To Whom Paid							M	D	Y		Amount	
Fifth Third Bank							0 8	0 2	1 0			5.00
Address	Purpose											
P.O. Box 630900												
City	State	Zip Code				Check Number						
Cincinnati	O H		45263									
To Whom Paid							M	D	Y		Amount	
Fifth Third Bank							0 9	0 1	1 0			5.00
Address	Purpose											
P.O. Box 630900												
City	State	Zip Code				Check Number						
Cincinnati	O H		45263									
To Whom Paid							M	D	Y		Amount	
Fifth Third Bank							1 0	0 1	1 0			5.00
Address	Purpose											
P.O. Box 630900												
City	State	Zip Code				Check Number						
Cincinnati	O H		45263									
To Whom Paid							M	D	Y		Amount	
Fifth Third Bank							1 1	0 1	1 0			5.00
Address	Purpose											
P.O. Box 630900												
City	State	Zip Code				Check Number						
Cincinnati	O H		45263									
To Whom Paid							M	D	Y		Amount	
Fifth Third Bank							1 2	0 1	1 0			5.00
Address	Purpose											
P.O. Box 630900												
City	State	Zip Code				Check Number						
Cincinnati	O H		45263									
To Whom Paid							M	D	Y		Amount	
Friends of Joe Erb							0 2	2 3	1 1			100.00
Address	Purpose											
3293 Scioto Farms Drive	Campaign											
City	State	Zip Code				Check Number						
Hilliard	O H		43026			1003						
To Whom Paid							M	D	Y		Amount	
Painter for Council							0 3	0 3	1 1			100.00
Address	Purpose											
6188 Pollard Place Drive	Campaign											
City	State	Zip Code				Check Number						
Hilliard	O H		43026			1004						

Page Total $ 230.00