Statement of Expenditures



Prescribed by Secretary of State 2/01

Name of Committee in Full GERBER FOR COUNCIL			-	
To Whom Paid Huntington National Bank			M D Y 1 2 3 1 1 3	Amount \$30.00
Address P.O. Box 1558	Purpose Bank Account Monthly Fees January thru December			
City Columbus	State OH	Zip Code 43216	Check Number	
To Whom Paid	<u> </u>		M D Y	Amount
Address	Purpose		<u> </u>	
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount .
Address	Purpose		<u> </u>	
City	State OH,	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		<u> </u>	
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	OH _,	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	
To Whom Paid	-		M D Y	Amount
Address	Purpose			
City	State OH	Zip Code	Check Number	