

Statement of Expenditures

заце	3	
-0-		 _

Prescribed by Secretary of State 2/01

Name of Committee in Full		; ;	. <u></u>			
Gerber for Council		1 F				
To Whom Paid See Attached Schedule			M	D	Y	Amount \$12,775.00
Address	Ригроѕе			1	1	A
City	State OH	Zip Code	Check Number		· ·	
To Whom Paid			M	D	Y:	Amount
Address	Purpose			.l		
City	State OH	Zip Code	Check Number			
To Whom Pad			M	D	Y	Amount
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City	State OH	Zip Code	Check Number		*	
To Whom Paid	,		M,	D	Y	Amount
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City	State OH	Zip Code	Check Number			
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City	State OH	Zip Code	Check Number			
To Whom Paid			. M	D	Y	Amount
Address	Purpose					
City	State OH	Zip Code	Check I	Check Number		
To Whom Paid	, ,		M	D	Y,	Amount
Address	Purpose	7	<u>.</u>			
City	State OH	Zip Code	Check Number			
To Whom Paid		; • ;	М	D	Υ,	Amount
A ddress	Ригроѕе	1				
City	State OH	Zip Code	Check I	Number		

Page Total \$12,775.00