## **Statement of Expenditures**

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full GERBER FOR COUNCIL			··			
To Whom Paid  * Please see attached details *			M D 1 2 0	5 1 5	Amount \$7,784.78	
Address	Purpose					
City	State OH	Zip Code	Check Number	r		
To Whom Paid			M D	Y	Amount	
Address	Purpose					
City	State OH	Zip Code	Check Numbe	r		
To Whom Paid			M D	Y	Amount	
Address	Purpose					
City	State OH	Zip Code	Check Number			
To Whom Paid			M D	Y	Amount	
ddress Purpose						
City	State OH	Zip Code	Check Number			
To Whom Paid			M D	Y	Amount	
Address	Purpose					
City	OH State	Zip Code	Check Number	r	. *	
To Whom Paid			M D	Y	Amount	
Address	Purpose		_			
City	OH,	Zip Code	Check Number	er		
To Whom Paid			M D	Y	Amount	
Address	Purpose					
City	OH State	Zip Code	Check Number			
To Whom Paid			MD	Y	Amount	
Address	Purpose		gt			
City	State OH	Zip Code	Check Numb	er		