

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Committee to Elect Tim Roberts									
To Whom Paid Fifth Third Bank						M 12	D 01	Y 19	Amount 100.25
Address P.O. Box 630900			Purpose Dormant Fees						
City Cincinnati			State O	H H	Zip Code 45263	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	Zip Code	Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	H	Zip Code	Check Number			