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R.	C	351	17.	10

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## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full						
Committee to Elect Tim Robe	erts					
To Whom Paid			M D	Y Amou		
Fifth Third Bank			12 01	19	100.25	
Address		Purpose				
P.O. Box 630900	Dorma	nt F <u>ees</u>				
City	State	Zip Code	Check Number			
Cincinnati	O   H	45263				
To Whom Paid			M D	Y Amou	nt .	
Address	Purpose	Purpose				
City	State	Zip Code	Check Number			
To Whom Paid	<u> </u>	<del></del>	M D	Y Amou	nst	
Address	Purpose					
City	State	Zip Code	Check Number			
To Whom Paid			MID	Y Amou	nt .	
			MDD	Y Amou		
Address	Purpose					
City	State	Zip Code	Check Number			
To Whom Paid			M D	Y Amou	nt	
Address	Purpose	Purpose				
City	State	Zip Code	Check Number			
To Whom Paid		M D	У Атоц	nt ,		
Address	Ригроѕе					
City	State	Zip Code	Check Number			
To Whom Paid			M D	Y Amou	nt	
Address	Purpose	Ригроѕе				
City	State	Zip Code	Check Number			
To Whom Paid		<u> </u>	M D	Y Amou	nt	
Address	Purpose		<b>I</b> i	<u> </u>		
City	State	Zip Code	Check Number			

Page Total \$	100.25
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