

# Statement of Expenditures

Prescribed by Secretary of State 2/01

Page \_\_\_\_\_

|  |                    |                                      |               |                |                         |
|--|--------------------|--------------------------------------|---------------|----------------|-------------------------|
| Name of Committee in Full<br><b>Truro Twp Fire/EMS Levy Fund</b> |                    |                                      |               |                |                         |
| To Whom Paid<br><b>Fifth Third Bank</b>                          |                    | M<br><b>0</b>                        | D<br><b>1</b> | Y<br><b>13</b> | Amount<br><b>\$3.00</b> |
| Address<br><b>6935 E. Main St</b>                                |                    | Purpose<br><b>\$3.00 Monthly fee</b> |               |                |                         |
| City<br><b>Reynoldsburg</b>                                      | State<br><b>OH</b> | Zip Code<br><b>43068</b>             | Check Number  |                |                         |
| To Whom Paid   |                    | M                                    | D             | Y              | Amount                  |
| Address  |                    | Purpose                              |               |                |                         |
| City   | State              | Zip Code                             | Check Number  |                |                         |
| To Whom Paid   |                    | M                                    | D             | Y              | Amount                  |
| Address  |                    | Purpose                              |               |                |                         |
| City   | State              | Zip Code                             | Check Number  |                |                         |
| To Whom Paid   |                    | M                                    | D             | Y              | Amount                  |
| Address  |                    | Purpose                              |               |                |                         |
| City   | State              | Zip Code                             | Check Number  |                |                         |
| To Whom Paid   |                    | M                                    | D             | Y              | Amount                  |
| Address  |                    | Purpose                              |               |                |                         |
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| To Whom Paid   |                    | M                                    | D             | Y              | Amount                  |
| Address  |                    | Purpose                              |               |                |                         |
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| To Whom Paid   |                    | M                                    | D             | Y              | Amount                  |
| Address  |                    | Purpose                              |               |                |                         |
| City   | State              | Zip Code                             | Check Number  |                |                         |