

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Westeruille Firefighters Local 3480 PLE						
To Whom Paid F.F.H. Thrift Bank			M 08	D 31	Y 13	Amount 20.00
Address P.O. Box 630900		Purpose Dormant Fics + Service Charges \$3.00 x 5 mos + \$5.00 Dormant Fee				
City Cincinnati		State OH.	Zip Code 45263		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				
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				
City		State	Zip Code		Check Number	

\$ 20.00