

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full Truro Twp Fire/EMS Levy Fund					
To Whom Paid Fifth Third Bank		M 0	D 6	Y 12	Amount \$3.00
Address 6935 E. Main St.		Purpose \$3.00 Monthly fee			
City Reynoldsburg	State OH	Zip Code 43068	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		
To Whom Paid		M	D	Y	Amount
Address		Purpose			
City	State	Zip Code	Check Number		