

## Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full Westerville Firefighters Local 3480 PLE					
To Whom Paid F. H. T. and B. K.		M	D	Y	Amount 16.75
Address P.O. Box 630900		Purpose Dormant Fees - Service Charges			
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		