31-B
R.C. 3517.10

Statement of Expenditures

Page _____

Original

Prescribed by Secretary of State 2/01

Name of Committee in Full: Westerville Firefighters Local 3480 PCE

To Whom Paid	Address	Purpose	City	State	Zip Code	Check Number	M	D	Y	Amount
Fifth Third Bk	P.O. Box 630900	Dorm. Fees - Service Charges 6 x $3.00 FEES	Cincinnati	OH	45263		01	31	14	$18.00

Page Total $ _____