31-B
R.C. 3517.10

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full: Truro Twp. Fire/EMS Fund

To Whom Paid	Address	Purpose	City	State	Zip Code	Check Number	M	D	Y	Amount
Fifth Third Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263		01	10	14	$3.00
Fifth Third Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263		02	12	14	$3.00
Fifth Third Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263		03	11	14	$3.00
Fifth Third Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263		04	10	14	$3.00
Fifth Third Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263		05	12	14	$3.00
Fifth Third Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263		06	11	14	$3.00
Fifth Third Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263					

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