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 Levy 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 Bank Fee	Cincinnati	OH	45263		07	13	13	$3.00
5/3 Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263		08	12	13	$3.00
5/3 Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263		09	10	13	$3.00
5/3 Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263		10	13	13	$3.00
5/3 Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263		11	12	13	$3.00
5/3 Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263		12	11	13	$3.00
5/3 Bank	P.O. Box 630900	$3.00 Monthly Fee	Cincinnati	OH	45263		01	14	14	$3.00

Page Total $ _____