

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Watersville Fire Dept Local 3480 P.E.									
To Whom Paid Fifth Third Bank						M	D	Y	Amount \$3.00
Address P.O. Box 630900				Purpose Domest Fees / 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		