## **Statement of Expenditures**

Page	

Prescribed by Secretary of State 2/01

Name of Committee in Full  Western llo Fire	L+, L,	c. 1 3480 PE		
To Whom Paid Fifth Third Rak			M D Y	Amount 3.00
Address P.J. R. 630900	Purpose	Jonet Fros	Chenes	, <u>J</u>
Name of Committee in Full  Utster J. Ilo Firet.  To Whom Paid  Fifth Third Back  Address  P.O. Box 630900  City  Cincinneti	State OH	Doment Fres / Zip Code 45263	Check Number	
To Whom Paid			M D Y	Amount
Address	Purpose		M	
City	State	Zip Code	Check Number	
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