

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full Truro Twp Fire/EMS Levy Fund									
To Whom Paid Fifth Third Bank						M 12	D 12	Y 12	Amount \$3.00
Address 6935 E. Main St				Purpose \$3.00 Monthly fee					
City Reynoldsburg		State OH		Zip Code 43068		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			

Page Total \$ _____