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	City	State	Zip Code	Purpose	Check Number	M	D	Y	Amount
fifth third Bank	P.O. Box 630900	Cincinnati.	OH	45263	$3.00 monthly Bank Fee		01	11	13	$3.00
5/3 Bank	P.O. Box 630900	Cincinnati	OH	45263	$3.00 monthly Bank Fee		02	12	13	$3.00
5/3 Bank	P.O. Box 630900	Cincinnati	OH	45263	$3.00 monthly Bank Fee		03	13	13	$3.00
5/3 Bank	P.O. Box 630900	Cincinnati	OH	45263	$3.00 Monthly Bank Fee		04	10	13	$3.00
5/3 Bank	P.O. Box 630900	Cincinnati	OH	45263	$3.00 Monthly Bank Fee		05	10	13	$3.00
5/3 Bank	P.O. Box 630900	Cincinnati	OH	45263	$3.00 Monthly Bank Fee		06	12	13	$3.00
To Whom Paid	Address	City	State	Zip Code	Purpose	Check Number	M	D	Y	Amount
To Whom Paid	Address	City	State	Zip Code	Purpose	Check Number	M	D	Y	Amount
To Whom Paid	Address	City	State	Zip Code	Purpose	Check Number	M	D	Y	Amount

Page Total $ ____