

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Westeruilla Firefighters Local 3480 P.E.									
To Whom Paid Fifth Third						M	D	Y	Amount 18.00
Address P.O. Box 630900			Purpose Service Charges \$3.00 x 6 months.						
City Cincinnati			State OH		Zip Code 4563-0900		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		