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 Levy Fund

To Whom Paid	Address	Purpose	City	State	Zip Code	Check Number	M	D	Y	Amount
5/3 Bank	P.O. Box 630900	3.00 Monthly fee	Cincinnati	OH	45263		07	11	14	3.00
5/3 Bank	P.O. Box 630900	3.00 Monthly fee	Cincinnati	OH	45263		08	12	14	3.00
5/3 Bank	P.O. Box 630900	3.00 Monthly fee	Cincinnati	OH	45263		09	11	14	3.00
5/3 Bank	P.O. Box 630900	3.00 Monthly fee	Cincinnati	OH	45263		10	10	14	3.00
5/3 Bank	P.O. Box 630900	3.00 Monthly fee	Cincinnati	OH	45263		11	13	14	3.00
5/3 Bank	P.O. Box 630900	3.00 Monthly Fee	Cincinnati	OH	45263		12	12	14	3.00
5/3 Bank	PO. Box 630900	3.00 Monthly fee	Cincinnati	OH	45263					

Page Total $ _____