

Statement of Expenditures

Page _____

Prescribed by Secretary of State 2/01

Amended Name of Committee in Full Westerville Firefighters Loc. 13480 PCC						
To Whom Paid Fifth Third Bank			M 0	D 1	Y 4	Amount 35.00
Address P.O. Box 630900		Purpose Dormant Fees - Service Charges 7.25.00/month Fee.				
City Cincinnati	State OH	Zip Code 45263	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			