

# Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full <b>Jefferson Township Levy Committee</b>						
To Whom Paid <b>NO PAYMENTS AS OF CUT OFF DATE FOR PRE-ELECTION FILING</b>			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address		Purpose				
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To Whom Paid			M	D	Y	Amount
Address		Purpose				
City	State <b>OH</b>	Zip Code	Check Number			

Page Total **\$0.00**