

FOR PAPER FILING ONLY

Statement of Expenditures

Page _____

Prescribed by Secretary of State 2/01

Name of Committee in Full WESTERVILLE FIREFIGHTERS LOCAL 3480 PCE									
To Whom Paid FIFTH THIRD						M	D	Y	Amount 12.00
Address PO BOX 630900				Purpose SERVICE CHARGES-\$3.00/MONTHX4 MONTHS					
City CINCINNATI				State OH	Zip Code 45263-0900		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		

Page Total **12.00**