

# Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full <b>IRFF Local 2232 PCF</b>									
To Whom Paid <b>5/3 Bank accidentally paid bill with</b>						M	D	Y	Amount <b>61.00</b>
Address <b>this (PCF) account.</b>				Purpose					
City				State		Zip Code		Check Number <b>online</b>	
To Whom Paid <b>5/3 Bank accidentally paid bill with</b>						M	D	Y	Amount <b>31.00</b>
Address <b>this (PCF) account</b>				Purpose					
City				State		Zip Code		Check Number <b>online</b>	
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	