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## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full					
TAXPAYERS FOR WESTERVI	LLE SCHOOLS_			1	
To Whom Paid			M D Y	Amount	
FIFTH THIRD BANK			- 011 2 3 1 5	5.00	
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Address	Purpose				
			Tour Law Law		
City	State	Zip Code	Check Number		
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