

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full <i>Citizens for Lamese</i>									
To Whom Paid <i>Grove City Area Chamber of Commerce</i>						M	D	Y	Amount <i>150⁰⁰</i>
Address <i>4089 Broadway</i>				Purpose <i>Private Fee</i>					
City <i>Grove City</i>		State <i>OH</i>		Zip Code <i>43123</i>		Check Number <i>114</i>			
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			

Page Total \$

150⁰⁰