

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full LeVally for Grove City												
To Whom Paid Huntington National Bank						M	D	Y	Amount			
						0	3	3	1	1	4	5.00
Address 2227 Stringtown Road				Purpose Checking fee								
City Grove City				State O H		Zip Code 43123		Check Number withdrawl				
To Whom Paid American Cancer Society-Relay for Life - Grove City						M	D	Y	Amount			
						0	6	0	1	1	4	100.00
Address Corp address 250 Williams Street				Purpose Donation								
City Atlanta				State G A		Zip Code 30303		Check Number cash				
To Whom Paid Kidney Foundation						M	D	Y	Amount			
						0	5	1	5	1	4	100.00
Address 2800 Corporate Exchange Dr				Purpose Donation								
City Columbus				State O H		Zip Code 43231		Check Number cash				
To Whom Paid LeVally Family						M	D	Y	Amount			
						0	5	3	1	1	4	13.95
Address 4016 Thompson				Purpose Reimburse : Stationery; Stamps, Etc for Thank You notes								
City Grove City				State O H		Zip Code 43123		Check Number cash				
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				