	1
Page	1

## **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full LeVally for Grove City								
To Whom Paid	_	-		М	D	Y	Amount	
Huntington National Bank				013	3   1	114		5.00
Address 2227 Stringtown Road	Purpose Checkin	g fee						
City	State	Zip Code	2122	Check N				
Grove City	$O \mid H$	4	3123		thdra	_		
To Whom Paid American Cancer Society-Relay for Life	Crovo C	`ita		M 016	D 0 1	$\begin{vmatrix} \mathbf{Y} \\ 1 \end{vmatrix} 4$	Amount	100.00
Afficial Cancer Society-Relay for Life	Purpose	.ILY		1010	011	1114	1	100.00
Corp address 250 Williams Street	Donation	n						
City	State	Zip Code		Check N	umber			_
Atlanta	$G \mid A$	] 3	0303		cash			
To Whom Paid Kidney Foundation				м 0 5	D 1 5	Y 1   4	Amount	100.00
Address	Purpose							_
2800 Corporate Exchange Dr	Donation			_		_		
City	State	Zip Code	0001	Check N	_			
Columbus	$O \mid H$	1 4	3231	ļ.,	cash	ΙV	1 manual	
To Whom Paid LeVally Family				М 0.15	3 1	Y  1 4	Amount	13.95
Address	Purpose			1013	211	1114		15.75
4016 Thompson		rse : Statio	nery; Stamp	s. Etc	for T	'hank	You n	otes
City	State	Zip Code		Check N				
Grove City	$O \mid H$	4	3123		cash			
To Whom Paid				M	D	Y	Amount	
Address	Purpose						-	
City	State	Zip Code	<del></del>	Check Number				
T. 110 D. 21	<u> </u>	<u> </u>	· <del>·</del>	M	D	Y	Amount	
To Whom Paid				"	li	li	Allouia	
Address	Purpose			<u>. '</u>	<u> </u>	<u> </u>		
City	State	Zip Code		Check N	umber			
	<u>                                     </u>			M	D	Y	Amount	•
To Whom Paid		_			ĭ	<u> </u>	Alliber	
Address	Purpose			_				
City	State	Zip Code	_	Check N	lumber			_
To Whom Paid	<u>,                                      </u>			М	D	Y	Amount	
Address	Purpose				<u> </u>	<u>                                     </u>	1	
	P	12:- C-1-		Check N	mbar			
City	State	Zip Code		Check S	dine.			

Page Total \$2	18.95
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