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Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full LeVally for Grove City						
To Whom Paid			M	D	Y	Amount
Huntington National Bank Address	Purpose		0 6	2 5	1 0	5.00
2227 Stringtown Road	Checkin					
City Grove City	State Zip Code		^{Check Number} withdrawl			
To Whom Paid	TOH	40120	M	D	Y	Amount
Address	Purpose					
City	State	Zip Code	Check Number			
To Whom Paid		A COLON MANAGEM (CARACTER) AND	М	D	Y	Amount
Address	Purpose			<u> </u>	i	
City	State	Zip Code	Check Number			
To Whom Paid			М	D	Y	Amount
Address	Purpose		L	<u> </u>		
City	State	Zip Code	Check Number			
To Whom Paid			M	D	Y	Amount
Address	Purpose			L		
City	State	Zip Code	Check Number			
To Whom Paid	overnosti in terminalisti in terminalisti in terminalisti in terminalisti in terminalisti in terminalisti in t		M	D	Y	Amount
Address	Purpose		_	l i		
City	State	Zip Code	Check Number			
To Whom Paid	and the second s		M	D	Y	Amount
Address	Purpose			I	<u> </u>	
City	State	Zip Code	Check Number			
To Whom Paid	en en la companya de		М	D	Y	Amount
Address	Purpose		J	•	ε .	
City	State	Zip Code	Check Number			

Page Total \$	5.00
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