Page	2

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Support La	alon	e Campais					
To Whom Paid Sanget Digent			M i lO	20	019	Amount 84,09	
Address 4136 S. Section Line and Medicine							
City Delaware State Zip Code 130 B			Check 1	Number			
To Whom Paid Kin 140 5 Feed SV			M	D	Y	Amount 3	
Address 9 Main Street Purpose iterature Drop							
City While hall	State Zip Code 323			Number			
To Whom Paid Fifth Third Bo	nK.		M	D	Y	Amount 25.00	
Address S. Hamilton Rd Purpose Checking Fee							
City Whitehall	State	Zip Code	Check 1	Number			
To Whom Paid			M	D	Y	Amount	
Address	Purpose		<u> </u>				
City	State	Zip Code	Check 1	Number			
To Whom Paid			M	D	Y	Amount	
Address	Purpose				1		
City	State	Zip Code	Check Number		***************************************		
To Whom Paid			M	D	Y	Amount	
Address	Purpose			<u> </u>	<u> </u>		
City	State	Zip Code	Check 1	Number			
To Whom Paid			M	D	Y	Amount	
Address	Purpose			<u> </u>			
City	State	Zip Code	Check 1	Number			
To Whom Paid			M	D	Y	Amount	
Address Purpose							
City	State	Zip Code	Check 1	Number			
		1					

Page Total \$	7/2:40
---------------	--------