

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Alicia Healy									
Full Name Alicia Healy					Registration Number, if PAC				
Address 721 Bulen Ave.			Type*		M 10			D 15	
City Columbus			State OH		Y 09			Amount 250.00	
Zip Code 43205					Form(Cash,Check,etc)				
Full Name									
Registration Number, if PAC									
Address			Type*		M			D	
City			State		Y			Amount	
Zip Code					Form(Cash,Check,etc)				
Full Name									
Registration Number, if PAC									
Address			Type*		M			D	
City			State		Y			Amount	
Zip Code					Form(Cash,Check,etc)				
Full Name									
Registration Number, if PAC									
Address			Type*		M			D	
City			State		Y			Amount	
Zip Code					Form(Cash,Check,etc)				
Full Name									
Registration Number, if PAC									
Address			Type*		M			D	
City			State		Y			Amount	
Zip Code					Form(Cash,Check,etc)				
Full Name									
Registration Number, if PAC									
Address			Type*		M			D	
City			State		Y			Amount	
Zip Code					Form(Cash,Check,etc)				
Full Name									
Registration Number, if PAC									
Address			Type*		M			D	
City			State		Y			Amount	
Zip Code					Form(Cash,Check,etc)				
Full Name									
Registration Number, if PAC									
Address			Type*		M			D	
City			State		Y			Amount	
Zip Code					Form(Cash,Check,etc)				
Full Name									
Registration Number, if PAC									
Address			Type*		M			D	
City			State		Y			Amount	
Zip Code					Form(Cash,Check,etc)				

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ **# 250.00**
0.00