Statement of Expenditures

Page _	

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for McAlister				
To Whom Paid		<u> </u>	M D Y Amount	
Sally H. McAlister			0 1 2 7 1 1 \$40.83	
Address	Purpose			
620 Forestwood Drive	Treasurer Service			
City	State OH	Zip Code 43230	Check Number 1033	
Gahanna To Whom Paid	OH.	40200	M D Y _i Amount	
10 WROTH FAILE				
Address	Purpose			
City	State	Zip Code	Check Number	
	OH			
To Whom Paid			M D Y Amount	
Address	Purpose			
FINAL VOI				
City	State	Zip Code	Check Number	
	OH _.			
To Whom Paid			M D Y Amount	
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City	State	Zip Code	Check Number	
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To Whom Paid	<u> </u>		M D Y Amount	
Address	Purpose			
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To Whom Paid	0		M D Y Amount	
10 Whom I ald				
Address	Purpose			
City	State OH	Zip Code	Check Number	
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Address	Purpose			
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City	State	Zip Code	Check Number	
	OH			
To Whom Paid			M D Y Amount	
Address	Purpose			
City	State	Zip Code	Check Number	
	OH		Check Number	