

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

Name of Committee in Full									
To Whom Paid <u>Joseph Healy</u>						M	D	Y	Amount
						05	08	09	120.63
Address <u>721 Bulen Ave.</u>			Purpose <u>Reemburse Michael Elicson Printing</u>						
City <u>Columbus</u>			State <u>OH</u>	Zip Code		Check Number <u>004</u>			
To Whom Paid <u>Joseph Healy</u>						M	D	Y	Amount
						05	09	09	67.50
Address <u>721 Bulen Ave.</u>			Purpose <u>Postage Fundraiser</u>						
City <u>Columbus</u>			State <u>OH</u>	Zip Code <u>43205</u>		Check Number <u>005</u>			
To Whom Paid <u>The Knotty Pine Restaurant</u>						M	D	Y	Amount
						05	27	09	275.00
Address <u>1765 W. Third Ave.</u>			Purpose						
City <u>Grandview</u>			State <u>OH</u>	Zip Code		Check Number <u>006</u>			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address			Purpose						
City			State	Zip Code		Check Number			

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

\$ 463.13
Page Total \$ 0.00