

Event Date	5-20-09
Page	1

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

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

Page Total \$	\$ 463.13
---------------	-----------