

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Alicia Healy									
To Whom Paid Alicia Healy						M	D	Y	Amount 93.38
Address 721 Bulen Ave.			Purpose Reimburse for Staples						
City Columbus			State OH	Zip Code 43205		Check Number 001			
To Whom Paid Expenditures from form 31-F						M	D	Y	Amount 250.00
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid Joseph Healy						M	D	Y	Amount 157.46
Address 721 Bulen Ave.			Purpose Reimburse Hooper Printing						
City Columbus			State OH	Zip Code 43205		Check Number 003			
To Whom Paid Expenditures from form 31-F						M	D	Y	Amount 463.13
Address			Purpose						
City			State	Zip Code		Check Number			
To Whom Paid Expenditures from form 31-F						M	D	Y	Amount 187.20
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			

Page Total \$ **1151.17**
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