

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
Address 721 Bulen Ave.						Check Number 042309			93.38
City Columbus		State OH		Zip Code 43205		Check Number 001			
To Whom Paid Expenditures from form 31-F						M	D	Y	Amount
Address						Check Number 042109			250.00
City		State		Zip Code		Check Number			
To Whom Paid Joseph Healy						M	D	Y	Amount
Address 721 Bulen Ave.						Check Number 050409			157.46
City Columbus		State OH		Zip Code 43205		Check Number 003			
To Whom Paid Expenditures from form 31-F						M	D	Y	Amount
Address						Check Number 052009			463.13
City		State		Zip Code		Check Number			
To Whom Paid Expenditures from form 31-F						M	D	Y	Amount
Address						Check Number 071709			187.20
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address						Check Number			
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address						Check Number			
City		State		Zip Code		Check Number			
To Whom Paid						M	D	Y	Amount
Address						Check Number			
City		State		Zip Code		Check Number			

\$ **1151.17**
 Page Total \$ **0.00**
 \$ **1151.17**