Page	 ***

## Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Alicia Hea	2/4										
Alicia Healy				a <sup>D</sup> 3	09	Amount 9 3, 38					
721 Bulen Ave. Reimburse for Staples											
Columbus	State O H	Zip Code 43205		<u>100</u>							
Expenditures from	<u>form</u>	31-F	My	al	09	Amount <b>250.00</b>					
Address	rurpose										
City	State	Zip Code	Check N								
To Whom Paid Joseph Healy			0 5	04	69	Amount 157.46					
721 Bulen Avc. Purpose Reimburse Hooper Printing											
Columbus	OH_	43202		<u> 20 C</u>		Amount					
To Whom Paid Expenditures from	form	31-F	05	20	ŏ9	463.13					
Address	rurpose		Cheek	and a							
City	State	Zip Code	Check N		LV	A					
To Whom Paid Expenditure from	form	31-F	07	17	69	Amount 187.20					
Address	ruipose		(Cl	(		-					
City	State	Zip Code	Check Number			A					
To Whom Paid	1		M	D	Y	Amount					
Address	Purpose	17: C.1.	Checks								
City	State	Zip Code	Check N	an description of the second		A					
To Whom Paid			M	D	Y	Amount					
Address	Purpose	Zip Code		, ,		•					
City	State	Check Number			Amount						
To Whom Paid	Paris and the second se		М	D	Y	Amount					
Address	Purpose										
City	State	Zip Code	Check N								

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