

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Alicia Healy										
To Whom Paid Columbus Piave Club - John Contino						M	D	Y	Amount	
						1	0	5	09	25.00
Address P.O. Box 580				Purpose Columbus Day Parade						
City New Albany.		State OH	Zip Code 43054	Check Number 1012						
To Whom Paid Marathon						M	D	Y	Amount	
						1	0	6	09	25.00
Address 1001 AlumCreek				Purpose Gas Campaign						
City Columbus		State OH	Zip Code 43209	Check Number mc Debit						
To Whom Paid Certified #192						M	D	Y	Amount	
						1	0	9	09	50.00
Address 1535 AlumCreek				Purpose Gas						
City Columbus		State OH	Zip Code 43209	Check Number Cash						
To Whom Paid Spot Free Carwash						M	D	Y	Amount	
						1	0	11	09	7.00
Address 1940 E. Maple St. Nelson Rd.				Purpose Car wash						
City Columbus		State OH	Zip Code 43205	Check Number mc Debit						
To Whom Paid Certified Oil						M	D	Y	Amount	
						1	0	14	09	55.01
Address 1950 Lockbourne				Purpose Gas						
City Columbus		State OH	Zip Code 43207	Check Number Debit mc						
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						