

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Alicia Healy									
Full Name of Contributor Jeanne Shell						Registration Number, if PAC			
Street Address 855 K Providence Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43214		M 06		D 19	
						Y 09		Amount 25.00	
Full Name of Contributor Debra S. Hurtt						Registration Number, if PAC			
Street Address 255 E Welch Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Columbus		State OH		Zip Code 43207		M 06		D 27	
						Y 09		Amount 300.00	
Full Name of Contributor Franklin Co Forum Chris Maurer						Registration Number, if PAC			
Street Address 1709 Durdridge Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck.	
City Columbus		State OH		Zip Code 43229		M 06		D 26	
						Y 09		Amount 25.00	
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
						Y		Amount	
						07		17	
						09		500.00	
Full Name of Contributor Tea Party Donations Box						Registration Number, if PAC			
Street Address State house				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Columbus		State OH		Zip Code		M 08		D 01	
						Y 09		Amount 187.60	
Full Name of Contributor Loretta Mc Govern						Registration Number, if PAC			
Street Address 1117 Eastmoor Blvd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck.	
City Columbus		State OH		Zip Code 43209		M 08		D 02	
						Y 09		Amount 20.00	
Full Name of Contributor Terry Williamson						Registration Number, if PAC			
Street Address 1751 Hopkins Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck.	
City Columbus		State OH		Zip Code 43223		M 07		D 22	
						Y 09		Amount 50.00	
Full Name of Contributor Cash Donations						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City		State		Zip Code		M		D	
						Y		Amount	
						08		01	
						09		20.00	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]