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R	C	3517.10	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

	Onto the control of t		er gandanrikkinga kera				
Name of Committee in Full Citizens for Alic	ia He	ealu					
Full Name of Contributor Grapry 5. Lash	ia He utka	<u> </u>	Registrat	ion Numb	er, if PA	C	
Street Address 729 Mohawk St.	Employer/Occupa	tion/Labor Organization*	Manager or transcription (200			Form (Cash, Check, etc.) Check	
City Columbus	State O : H	Zip Code 43206	MO	P 15	09	Amount 100.00	
Full Name of Contributor Luther H. Adkins			Registrat	ion Numb	NIP STATE FOR THE STATE OF THE		
Street Address 525 Reese Ave.	Employer/Occupa		-			Form (Cash, Check, etc.) Check	
ciy Lancaster	State H	Zip Code 43130	10	a 3	09	Amgunt # 15.00	
Full Name of Contributor W. P. Jacob			Registrat	ion Numb			
Street Address 8326 Autumnwood	Busin	ation/Labor Organization*	<u>αων</u>	D I	- Y	Form (Cash, Check, etc.)	
City Dublin	Sizite O 1-4	Zip Code 43017	ľ.O	23	09	Amount 100.00	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Casix, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Street Address	treet Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount	
Full Name of Contributor		Registra	tion Num	ber, if PA	AC .		
Street Address	Employer/Occup	ation/Labor Organization*		CONTRACTOR CONTRACTOR		Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if PAC						4C	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if PAC							
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
a series of for contributions from individuals over \$100 to statewide and get	nami secembly can	didates. If contributor is self-err	iployed, th	e occupat	ion and t	he name of the	

* 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)]