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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

			manus natural de la company	animento exception	DOM ON THE WAY TO SEE		
Name of Committee in Full Citizens for Alicia	Healu						
Full Name of Contributor Shell	J		Registra	tion Nun	nber, if PA	(C	
Street Address 855 K Providence Am		pation/Labor Organization*				Form (Cash, Check, etc.) CLECK	
Ciy Columbus	State O H	Zip Code 43214	06	19	09	Amount 25.00	
Full Name of Contributor Debra S. Hurtt		a karangang nga nga karangan ka taman ng karangan a mangang mpangan na nga ngangan nga nga nga nga nga	Registra	tion Nurr	iber, if PA		
Street Address 255 E Welch Ave.	Employer/Occup	nation/Labor Organization*	~033545.633666803			Form (Cash, Check. etc.)	
Columbus	State O i H	Zip Code 43207	MO	27	0 9	Amount 300.00	
Full Name of Contributor Franklin Co Forum	Chr	is Maurer	Registra	tion Num	iber, if PA		
Street Address 1709 Durdrige Rd	Employer/Occupation/Labor Organization* Teasures for Forus					Form (Cash, Check, etc.)	
Columbus	State O H	Zip Code 43229	M O G	26	09	Amount 25.00	
Full Name of Contributor Contributions from	1 form	No. 31- E	and contributed in the contribute of the contrib		ber, if PA		
Street Address	Employer/Occup	ation/Labor Organization*		*******		Form (Cash, Check, etc.)	
City	State	Zip Code	M 017	P 7	0 9	Amount 500.00	
Full Name of Contributor Tea Party Donations	Box	en Sylvanian kanada	Registrat	ion Num	ber, if PA	descriptions of the second sec	
Street Address State house		ation/Labor Organization*		dilitiological designation and the second		Form (Cash, Check, etc.)	
Columbus	State O: H	Zip Code	6 8	01	0.9	Amount 18760	
Full Name of Contributor  Loretta Mc Govern  Registration Number, if PAC							
Street Address 1117 Eastmoor Blvd.	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
city Columbus	State O H	Zip Code 43209	M 8	D 0:2	0.9	Amount 20.00	
Full Name of Contributor Terra Williamson			Registrat	ion Num	ber, if PA	~ ~	
Street Address 1751 Hopkins Ave.	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
City Calle makes	State O : H	Zip Code 43aa3	M 7	a a	0.9	Amount <b>50.</b> 00	
Full Name of Contributor Cash Donations		700	Registrat	ion Num	70 market 1980 market 1984 fr		
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
City	State	Zip Code	0.8	0 1	0'9	Amount AO & OO	

\* 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)]

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