

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Alicia Healy							
Full Name of Contributor Paul Leithart M.D.						Registration Number, if PAC	
Street Address 750 Fairway Blvd.		Employer/Occupation/Labor Organization* Doctor				Form (Cash, Check, etc.) ck.	
City Columbus	State OH	Zip Code 43213	M 05	D 23	Y 09	Amount 50.00	
Full Name of Contributor Kathleen Glende						Registration Number, if PAC	
Street Address 327 Siebert St.		Employer/Occupation/Labor Organization* Teacher				Form (Cash, Check, etc.) ck.	
City Columbus	State OH	Zip Code 43206	M 06	D 12	Y 09	Amount 75.00	
Full Name of Contributor Brenda Weber						Registration Number, if PAC	
Street Address 6953 Greensview		Employer/Occupation/Labor Organization* Office Asst.				Form (Cash, Check, etc.) ck.	
City Canal Winchester	State OH	Zip Code 43110	M 06	D 12	Y 09	Amount 50.00	
Full Name of Contributor Frank Koch						Registration Number, if PAC	
Street Address 5971 Shadow Lake Cir.		Employer/Occupation/Labor Organization* Computer tech.				Form (Cash, Check, etc.) Paypal Dep.	
City Columbus	State OH	Zip Code 43235	M 06	D 08	Y 09	Amount 96.21	
Full Name of Contributor Cheryl Schmitt						Registration Number, if PAC	
Street Address 168 E. Mithoff St.		Employer/Occupation/Labor Organization* retail clerk				Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43206	M 06	D 19	Y 09	Amount 25.00	
Full Name of Contributor Carole Schneider						Registration Number, if PAC	
Street Address 211 E. Gates		Employer/Occupation/Labor Organization* Computer Analyst				Form (Cash, Check, etc.) ck.	
City Columbus	State OH	Zip Code 43206	M 06	D 12	Y 09	Amount 50.00	
Full Name of Contributor John Tomaso						Registration Number, if PAC	
Street Address 7781 Marysville Rd.		Employer/Occupation/Labor Organization* Self employed Coin Dealer				Form (Cash, Check, etc.) ck.	
City Ostrander	State OH	Zip Code 43061	M 06	D 21	Y 09	Amount 300.00	
Full Name of Contributor Ronald Whisler						Registration Number, if PAC	
Street Address 2470 Berwick Blvd.		Employer/Occupation/Labor Organization* Consultant				Form (Cash, Check, etc.) ck.	
City Columbus	State OH	Zip Code 43209	M 06	D 19	Y 09	Amount 50.00	

* 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)]

Page Total \$ 0.00
\$ 696.21