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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

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Name of Committee in Full Citizens for Alicia Healy									
Full Name of Contributor De hva S. Hurtt	Employer, Occupation, Labor Organization *		Registration Number. if PAC						
Street Address 255 E. Welch Ave.	Description of Item or Service Victory Dinner		M. quantum	03	0.9	Fair Market Value			
Street Address 355 E. Welch Ave. City Columbus	State Zip Code 4320 7		Received at Fundraising Event? YES NO						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
Street Address	Description of Item or Service		M :	D	Y	Fair Market Value			
City	State Zip Code		Received at Fundraising Event? YES NO						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y ;	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
Street Address	Description of Ite	em or Service	М	Q	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?			
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value			
City	State	Zip Code	Received at Fundraising Event? YES NO						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
Street Address	Description of Item or Service		M	D	Y	Fair Market Value			
City	State	Zip Code	Receive	d at Fund YES	raising E	vent?			
Full Name of Contributor	Employer, Occupation. Labor Organization *		Registration Number, if PAC						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value			
City	State	Zip Code	Received at Fundraising Event? YES NO						
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC						
Street Address	Description of Item or Service		М	D	Y	Fair Market Value			
Сіту	State	Zip Code	Receive	d at Fund YES	raising E	Event?			
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Page Total S # 60.00

^{*} 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)]