

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Alicia Healy							
Full Name of Contributor Susan Kirschner					Registration Number, if PAC		
Street Address 1031 Bluff Vista Dr.		Employer/Occupation/Labor Organization* Consultant			Form (Cash, Check, etc.) ck.		
City Columbus	State OH	Zip Code 43235	M 09	D 08	Y 09	Amount 150.00	
Full Name of Contributor Glenn Baker					Registration Number, if PAC		
Street Address 5731 Olentangy Blvd.		Employer/Occupation/Labor Organization* Business owner			Form (Cash, Check, etc.) ck.		
City Worthington	State OH	Zip Code 43085	M 09	D 22	Y 09	Amount 100.00	
Full Name of Contributor Roger Essig					Registration Number, if PAC		
Street Address 1415 Old Leonard Ave.		Employer/Occupation/Labor Organization* Business owner Carr Supply			Form (Cash, Check, etc.) ck.		
City Columbus	State OH	Zip Code 43219	M 09	D 22	Y 09	Amount 100.00	
Full Name of Contributor Kari Hertel					Registration Number, if PAC		
Street Address 4607 Wuertz Ct.		Employer/Occupation/Labor Organization* Lawyer			Form (Cash, Check, etc.) ck.		
City Dublin	State OH	Zip Code 43016	M 09	D 19	Y 09	Amount 10.00	
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 09	D 24	Y 09	Amount 50.00	
Full Name of Contributor Bruce Mac Pherson					Registration Number, if PAC		
Street Address 7 N. Monroe		Employer/Occupation/Labor Organization* Business owner			Form (Cash, Check, etc.) Paypal		
City Mt. Vernon	State OH	Zip Code 43050	M 09	D 10	Y 09	Amount 96.80	
Full Name of Contributor Shirley Cotter					Registration Number, if PAC		
Street Address 111 W. Pinedin Rd.		Employer/Occupation/Labor Organization* retired			Form (Cash, Check, etc.) ck.		
City Columbus	State OH	Zip Code 43214	M 10	D 02	Y 09	Amount 20.00	
Full Name of Contributor Cynthia Dinovo					Registration Number, if PAC		
Street Address 324 Troy Rd.		Employer/Occupation/Labor Organization* Admin Asst.			Form (Cash, Check, etc.) ck.		
City Delaware	State OH	Zip Code 43015	M 09	D 30	Y 09	Amount 25.00	

* 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
\$ 551.80