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R	C	351	7	10

Statement of Contributions Received

Prescribed by Secretary of State 3/05

				and the second second						
Name of Committee in Full										
Citizens for Alicia Healy										
Full Name of Contributor	Registration Number, if PAC									
Debra S. Hurtt	IFI/Oasun	ation/Labor Organization*	- Action Company	27052003220532027	epanaranjuma	Form (Cash, Check, etc.)				
Street Address 255 E. Welch Ave.	!	entist				Check				
City	State	Zip Code	M () 3	D 7	019	Amount				
Columbus		43207	en (management of the contract		annin and annin					
Full Name of Contributor Registration Number, if PAC PCUL LEIT NATT										
Street Address	Form (Cash, Check, etc.)									
750 Fairway Blvd.	1 Doc	LON .	7			check				
Columbus	State	Zip Code 43213	04	D	019	Amount 50,00				
Full Name of Contributor	C									
Joseph Henly										
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)				
1 721 Bulen Ave.	and of the state o					transfer				
Errica.	State	Zip Code	М	D	Y	Amount				
Columbus	OIH	<u>43 ao 5</u>	1012	11/	0.9	5.0V				
If all Name of Contributor			Registrat	ion Num	ber, if PA	vC				
Contributions from form	Contributions from form No. 31-E Street Address Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)									
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)				
1.1	MODEL 1									
City	State	Zip Code	M	D	Y 0.0	Amount				
			10:4	$\Delta \Box$	MA	690.00				
Full Name of Contributor ("Ontributor from form No. 31-15" Registration Number, if PAC										
Contributions from f										
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)				
2					·					
City	State	Zip Code	M	212	0.9	Amount				
						1255.00				
Full Name of Contributor Frederick Kapetansky M. D. Street Address Form (Cash, Check, etc.)										
trederick Rapetansk	4, 111.1	8	l	Maria de la composición del composición de la composición de la composición del composición de la comp	nema marana ya Kalan					
Street Address						Form (Cash, Check, etc.)				
2599 Sonata Pr.	DOC		1 14 1		Υ	<u> </u>				
City (nlumbus	State O H	Zip Code 43209	05	a y	09	100.00				
Full Name of Contributor	en 1000 en 100		Registrat	ion Num	ber, if PA	AC				
Law Eve Tomassini										
Street Address		ation/Labor Organization*				Form (Cash, Check, etc.)				
3075 Leeds Rd.	<u></u>	maker	· · · · · · · · · · · · · · · · · · ·		1 7/	Check				
city Columbus	State O: H	Zip Code 43221	0'S	29	09	Amount 50.00				
Full Name of Contributor Paniel Bonner Registration Number, if PAC										
Street Address 911 E. 12th Ave.	US Govern nent		-			Ck.				
City	State	Zip Code	M	D	Y	Amount				
Columbus	0:H	<u> </u>	0.6	01	09	100.00				

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)]

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