

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*				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*				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*				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*				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*				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*				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*				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*				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