

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Alicia Healy							
Full Name of Contributor Melinda Hard grow						Registration Number, if PAC	
Street Address 5794 Paffodil Ct.				Employer/Occupation/Labor Organization* Office Asst		Form (Cash, Check, etc.) ck.	
City Grove City		State OH		Zip Code 43123		M 10	D 04
						Y 09	Amount 25.00
Full Name of Contributor Jeanne Shell						Registration Number, if PAC	
Street Address 655-K Providence Ave.				Employer/Occupation/Labor Organization* Admin Asst		Form (Cash, Check, etc.) ck.	
City Columbus		State OH		Zip Code 43214		M 09	D 29
						Y 09	Amount 25.00
Full Name of Contributor Central Ohio Realtors Political Action Comm						Registration Number, if PAC	
Street Address 2700 Airport Dr.				Employer/Occupation/Labor Organization* Realtor		Form (Cash, Check, etc.) ck.	
City Columbus		State OH		Zip Code 43219		M 10	D 06
						Y 09	Amount 500.00
Full Name of Contributor Frederick Kapetansky M.D.						Registration Number, if PAC	
Street Address 2599 Sonata Dr.				Employer/Occupation/Labor Organization* Doctor		Form (Cash, Check, etc.) ck.	
City Columbus		State OH		Zip Code 43209		M 10	D 08
						Y 09	Amount 45.00
Full Name of Contributor Charm Bess						Registration Number, if PAC	
Street Address 814 Kenwick Rd.				Employer/Occupation/Labor Organization* Homemaker		Form (Cash, Check, etc.) Cash	
City Columbus		State OH		Zip Code 43209		M 10	D 09
						Y 09	Amount 50.00
Full Name of Contributor						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M	D
						Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M	D
						Y	Amount
Full Name of Contributor						Registration Number, if PAC	
Street Address				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City		State		Zip Code		M	D
						Y	Amount

* 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~~
\$ 645.60