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## Statement of Contributions Received

Prescribed by Secretary of State 3/05

			V-2000000000000000000000000000000000000				
Name of Committee in Full  Citizens for Alic	ia He	aly					
Name of Committee in Full  Citizens for Alic  Full Name of Contributor  Gregory 5. Lash	ut ka	<del></del>	Registrati	on Numbe	er, if PAC		
Street Address 729 Mohawk St.	Employer/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)  Check	
Columbus	State O :	Zip Code 43206	MO	D 1:5	09	Amount 100.00	
Full Name of Contributor Luther H. Adkins			Registrati	on Numb	er, if PAC		
Street Address 525 Reese Ave.	Employer/Occupa				Form (Cash. Check, etc.)  Check		
City Lancaster	State	Zip Code 43130	M	D 23	o 9	Amount 4 / 5 . 0 0	
Full Name of Contributor W. P. Jacob			Registrat	marining manage	<del>anamanina mana</del>	C	
Street Address 8326 Autumn Way	Employer/Occupa				Form (Cash, Check, etc.)		
Gity Dublin	State	Zip Code 43017	M I O	23	ў 09	Amount 100.00	
Full Name of Contributor			Registrat	ion Numb	er, if PA		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor					Registration Number, if PAC		
Street Address	Employer/Occup	. L			Form (Cash, Check, etc.)		
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if R						AC	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zíp Code	М	D	Y	Amount	
Full Name of Contributor Registration Number, if P						A.C	
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
City	State	Zip Code	М	D	Y	Amount	
\$ 51004	noml occumbly car	didates. If contributor is self-er	nployed, th	e occupat	ion and t	he name of the	

\* 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)]