

Statement of Loans Received

Prescribed by Secretary of State 3/05

| | | | | | | | | | | | | | |
|---|--|-------------------------------------|--|-------------------------------------|--|----------------------------|--|------------------|--|-------------------------------------|--|---|--|
| Full Name of Committee Citizens for Alicia Healy | | | | | | | | | | | | | |
| From Whom Received Alicia Healy | | | | | | | | | | Prior Amount 0.00 | | Amt. Incurred this Period 250.00 | |
| Address 721 Bulen Ave. | | | | | | | | | | | | Outstanding Balance 211.59 | |
| City Columbus | | State OH | | Zip Code 43205 | | Loans Received This Period | | | | Payments This Period | | | |
| | | | | | | Date | | Amount | | Date | | Amount | |
| Date Loan was originally Incurred | | M 10 D 15 Y 09 | | M 10 D 15 Y 09 | | | | \$ 250.00 | | M 12 D 07 Y 09 | | \$ 38.41 | |
| Registration Number, if PAC | | | | | | M | | D | | Y | | | |
| Employer/Occupation/Labor Organization* | | | | | | M | | D | | Y | | | |

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|---|--|-------|--|----------|--|----------------------------|--|--------|--|----------------------|--|---------------------------|--|---|--|----|--|
| From Whom Received | | | | | | | | | | Prior Amount | | Amt. Incurred this Period | | | | | |
| Address | | | | | | | | | | | | Outstanding Balance | | | | | |
| City | | State | | Zip Code | | Loans Received This Period | | | | Payments This Period | | | | | | | |
| | | | | | | Date | | Amount | | Date | | Amount | | | | | |
| Date Loan was originally Incurred | | M | | D | | Y | | \$ | | M | | D | | Y | | \$ | |
| Registration Number, if PAC | | | | | | M | | D | | Y | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | | | M | | D | | Y | | | | | | | |

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|---|--|-------|--|----------|--|----------------------------|--|--------|--|----------------------|--|---------------------------|--|---|--|----|--|
| From Whom Received | | | | | | | | | | Prior Amount | | Amt. Incurred this Period | | | | | |
| Address | | | | | | | | | | | | Outstanding Balance | | | | | |
| City | | State | | Zip Code | | Loans Received This Period | | | | Payments This Period | | | | | | | |
| | | | | | | Date | | Amount | | Date | | Amount | | | | | |
| Date Loan was originally Incurred | | M | | D | | Y | | \$ | | M | | D | | Y | | \$ | |
| Registration Number, if PAC | | | | | | M | | D | | Y | | | | | | | |
| Employer/Occupation/Labor Organization* | | | | | | M | | D | | Y | | | | | | | |

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees donate 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)

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

- Total prior amount \$ 0.00
- Total received this period \$ 250.00 ~~0.00~~ (To Form No. 31-A-2)
- Total Payments this Period \$ 38.41 ~~0.00~~ (also record on Form 31-B)
- Total Outstanding Balance \$ 211.59 ~~0.00~~ (To Form No. 30-A)