

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Alicia Healy													
Full Name of Contributor Debra S. Hurtt						Registration Number, if PAC							
Street Address 255 E. Welch Ave.			Employer/Occupation/Labor Organization* Dentist				Form (Cash, Check, etc.) check						
City Columbus, OH		State OH		Zip Code 43207		M 03		D 17		Y 09		Amount 100.00	
Full Name of Contributor Paul Leithart						Registration Number, if PAC							
Street Address 750 Fairway Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State OH		Zip Code 43213		M 04		D 11		Y 09		Amount 50.00	
Full Name of Contributor Joseph Healy						Registration Number, if PAC							
Street Address 721 Bulen Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) transfer						
City Columbus		State OH		Zip Code 43205		M 03		D 17		Y 09		Amount 5.00	
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State I		Zip Code		M 04		D 21		Y 09		Amount 690.00	
Full Name of Contributor Contributions from form No. 31-E						Registration Number, if PAC							
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)						
City		State I		Zip Code		M 05		D 22		Y 09		Amount 1255.00	
Full Name of Contributor Frederick Kapetansky, M.D.						Registration Number, if PAC							
Street Address 2599 Sonata Dr.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck.						
City Columbus		State OH		Zip Code 43209		M 05		D 24		Y 09		Amount 100.00	
Full Name of Contributor Law Eve Tomassini						Registration Number, if PAC							
Street Address 3075 Leeds Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check						
City Columbus		State OH		Zip Code 43221		M 05		D 29		Y 09		Amount 50.00	
Full Name of Contributor Daniel Bonner						Registration Number, if PAC							
Street Address 911 E. 12th Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck.						
City Columbus		State OH		Zip Code 43211		M 06		D 01		Y 09		Amount 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)]

Page Total \$ -0.00-
2350.00