

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Alicia Healy									
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 05	D 23	Y 09	Amount 50.00			
Full Name of Contributor Kathleen Glende						Registration Number, if PAC			
Street Address 327 Siebert St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck.		
City Columbus	State OH	Zip Code 43206	M 06	D 12	Y 09	Amount 75.00			
Full Name of Contributor Brenda Weber						Registration Number, if PAC			
Street Address 6953 Greensview			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck.		
City Canal Winchester	State OH	Zip Code 43110	M 06	D 12	Y 09	Amount 50.00			
Full Name of Contributor Frank Koch						Registration Number, if PAC			
Street Address 5971 Shadow Lake Cir.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal Dep.		
City Columbus	State OH	Zip Code 43235	M 06	D 08	Y 09	Amount 96.21			
Full Name of Contributor Cheryl Schmitt						Registration Number, if PAC			
Street Address 168 E. Mithoff St.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43206	M 06	D 19	Y 09	Amount 25.00			
Full Name of Contributor Carole Schneider						Registration Number, if PAC			
Street Address 211 E. Gates			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck.		
City Columbus	State OH	Zip Code 43206	M 06	D 12	Y 09	Amount 50.00			
Full Name of Contributor John Tomaso						Registration Number, if PAC			
Street Address 7781 Marysville Rd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck.		
City Ostrander	State OH	Zip Code 43061	M 06	D 21	Y 09	Amount 300.00			
Full Name of Contributor Ronald Whisler						Registration Number, if PAC			
Street Address 2470 Berwick Blvd.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ck.		
City Columbus	State OH	Zip Code 43209	M 06	D 19	Y 09	Amount 50.00			

* 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~~
\$ 696.21