

FILED

Ohio Campaign Finance Report

DEC -8 AM 10:04

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY

Full Name of Committee Citizens for Alicia Healy		Registration Number, IF PAC	
Full Name of Candidate Alicia B. Healy			
Street Address 721 Bulen Ave.		Office Sought City Council	District Columbus
City Columbus		State OH	Zip Code 43205
Type of Report (place X to the left of report type)	Pre-Primary	Post-Primary	Pre-General
	July	August	September
	Monthly	Monthly	Monthly
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of Election		M	D
		11	03
			09

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 517.57
2. Total monetary contributions (From Form No. 31-A)	\$ 240.00
3. Total other income (From Form No. 31-A-2)	\$ 250.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 1007.57
5. Total monetary expenditures (From Form No. 31-B)	\$ 1007.57
6. Balance on hand (line 4 minus line 5)	\$ 0.00
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 60.00
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ —
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 211.59
10. Outstanding debts owed by committee (From Form No. 31-N)	\$ —
11. Outstanding loans owed to committee (From Form No. 31-K)	\$ —
12. Value of independent expenditures made (From Form No. 31-U)	\$ —
13. For Electronic Filing Entities only	\$ —
Sum of lines 2, 7 and amount of any new loans received this period	\$ —

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

Debra S. Hurtt Treasurer Debra S. Hurtt Signature 12-7-09 Date

Contribution pages 1

Expenditure pages 1

Other pages 3

Total pages 5 +

Statement of Contributions Received

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Name of Committee in Full Citizens for Alicia Healy							
Full Name of Contributor Gregory S. Lashutka					Registration Number, if PAC		
Street Address 729 Mohawk St.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43206	M 11	D 05	Y 09	Amount \$ 100.00	
Full Name of Contributor Luther H. Adkins					Registration Number, if PAC		
Street Address 525 Reese Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Lancaster	State OH	Zip Code 43136	M 10	D 23	Y 09	Amount 15.00	
Full Name of Contributor W. P. Jacob					Registration Number, if PAC		
Street Address 8326 Autumnwood Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43017	M 10	D 23	Y 09	Amount 100.00	
Full Name of Contributor Dianna Chaney					Registration Number, if PAC		
Street Address 10140 Kimberly Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Plain City	State OH	Zip Code 43064	M 11	D 02	Y 09	Amount 25.00	
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	
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~~
\$ 240.00

