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FILED

Ohio Campaign Finance Report 29 AM 9:20

Prescribed by Secretary of State 3/05

FRANKLIN COUNTY
BOARD OF ELECTIONS

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		Post-General	
	July		August		September		Termination	
Monthly		Monthly		Monthly		Semiannual		
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 Y 1 1 0 3 0 9		

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)	\$ 215.00
3. Total other income (From Form No. 31-A-2)	\$ —
4. Total funds available (sum of lines 1, 2, 3)	\$ 732.57
5. Total monetary expenditures (From Form No. 31-B)	\$ 500.00
6. Balance on hand (line 4 minus line 5)	\$ 232.57
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ —
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$ —
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ —
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 **10-28-09** Date

Contribution pages **1**

Expenditure pages **1**

Other pages **1**

Total pages **3**

Statement of Contributions Received

Prescribed by Secretary of State 3/05

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 10	D 15	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 43130	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					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
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)]

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Alicia Healy									
To Whom Paid Mike Elicson - The Winnery						M	D	Y	Amount 500.00
Address P.O. Box 361212		Purpose Literature Printing							
City Columbus		State OH	Zip Code 43236-1212		Check Number 1013				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				
To Whom Paid						M	D	Y	Amount
Address		Purpose							
City		State	Zip Code		Check Number				