

FILED

Ohio Campaign Finance Report 09 OCT 20 AM 8:57

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	X Pre-General	Post-General	Annual Year		Semiannual		
		July	August	September	Termination					
Monthly		Monthly	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 11	D 03	Y 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	\$ 0.00
2. Total monetary contributions (From Form No. 31-A)	\$ 5992.42
3. Total other income (From Form No. 31-A-2)	\$ 200.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 6192.42
5. Total monetary expenditures (From Form No. 31-B)	\$ 5674.85
6. Balance on hand (line 4 minus line 5)	\$ 517.57
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 414.94
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

10-20-09 Date

Contribution pages 7

Expenditure pages 6

Other pages 11

Total pages 24

Statement of Contributions Received

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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 27	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)]

