

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Alicia Healy							
Full Name of Contributor Melinda Hard grow					Registration Number, if PAC		
Street Address 5794 Paffodil Ct.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck.		
City Grove City	State OH	Zip Code 43123	M 10	D 04	Y 09	Amount 25.00	
Full Name of Contributor Jeanne Shell					Registration Number, if PAC		
Street Address 655-K Providence Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck.		
City Columbus	State OH	Zip Code 43214	M 09	D 29	Y 09	Amount 25.00	
Full Name of Contributor Central Ohio Realtors Political Action Comm					Registration Number, if PAC		
Street Address 2700 Airport Dr.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) ck.		
City Columbus	State OH	Zip Code 43219	M 10	D 06	Y 09	Amount 500.00	
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 10	D 08	Y 09	Amount 45.00	
Full Name of Contributor Charm Bess					Registration Number, if PAC		
Street Address 814 Kenwick Rd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash		
City Columbus	State OH	Zip Code 43209	M 10	D 09	Y 09	Amount 50.00	
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	

* 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)}