Event Date	7-17-09
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Alicia Healy Registration Number, if PAC Employer/Occupation/Labor Organization* Street Addres 100.00 Zip Code Form(Cash,Check,etc) 3*a*07 Check Registration Number, if PAC Employer/Occupation/Labor Organization* Street Address D Amount State Zip Code Form(Cash,Check,etc) City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Street Address Amount Zip Code Form(Cash,Check,etc) City State Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form(Cash,Check,etc) State Zip Code City Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Street Address Zip Code Form(Cash,Check,etc) City State Full Name of Contributor Registration Number, if PAC Employer/Occupation/Labor Organization* D Amount Street Address City State Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Amount Street Address Employer/Occupation/Labor Organization* D Form(Cash,Check,etc) State Zip Code City

Fill in the boxes below only on the last page for this event.

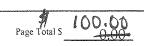
Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

500.00

Total expenditures this event

0.00



^{*} 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)]