

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Alicia Healy							
Full Name of Contributor James Savage						Registration Number, if PAC	
Street Address 1624 Clara St.		Employer/Occupation/Labor Organization*		M 05	D 20	Y 09	Amount 100.00
City Columbus		State OH	Zip Code 43211	Form (Cash, Check, etc) check			
Full Name of Contributor George Arnold						Registration Number, if PAC	
Street Address 3020 Dale Ave.		Employer/Occupation/Labor Organization*		M 05	D 21	Y 09	Amount 50.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc) check			
Full Name of Contributor John A Lundberg III						Registration Number, if PAC	
Street Address 28 W. Stafford Ave.		Employer/Occupation/Labor Organization*		M 05	D 20	Y 09	Amount 50.00
City Worthington		State OH	Zip Code 43085	Form (Cash, Check, etc) check			
Full Name of Contributor Debra S. Hurtt						Registration Number, if PAC	
Street Address 255 E. Welch Ave.		Employer/Occupation/Labor Organization*		M 05	D 20	Y 09	Amount 100.00
City Columbus		State OH	Zip Code 43207	Form (Cash, Check, etc) ck.			
Full Name of Contributor Matt Damschroder						Registration Number, if PAC	
Street Address 2598 Ruhl Ave.		Employer/Occupation/Labor Organization*		M 05	D 20	Y 09	Amount 100.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc) ck.			
Full Name of Contributor William Schuck						Registration Number, if PAC	
Street Address 2353 m'Cauley Ct.		Employer/Occupation/Labor Organization*		M 05	D 20	Y 09	Amount 50.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc) ck			
Full Name of Contributor Jennifer Imes						Registration Number, if PAC	
Street Address 1730 King Ave. Apt. D		Employer/Occupation/Labor Organization*		M 05	D 20	Y 09	Amount 50.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc) ck.			

* 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)]

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

Total expenditures this event

500.00
Page Total \$ ~~0.00~~