## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date 6/14/09	
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Name of Committee in Full		a Alamana da Sala				angy a 1 Pilotit	
Citizens for Roseann Hicks			entrigue de la constitución de l	9/948////			
Full Name of Contributor  Tammy Lilly		A support of the second			mber, if I	PAC on the second of the secon	
Street Address 2214 Trent Rd.		tion/Labor Organization* ortsman Alliance	0 6	D 1 4	0 9	Amount \$50.00	
City Columbus	Sta te OH	Zip Code 43229	Form (C	23 B 3 B 3	eck, etc.)		
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Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount	
City	Stal te OH	Zip Code	Form (6	Cash, Ch	eck, etc.)		
* Required for contributions from individuals over \$100 to statewide	e and General Ass	embly candidates. If contributor is	self-em	ployed	the occi	mation and the name of	

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 No. 31-E" and list the date of the event in the date column

Total contributions this event	Total expenditures this event.
\$535.00	\$0.00

\$50.00 Page Total \$

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 also appear. [R.C. 3517.10(B)(4)]