

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			
Citizens for Alicia Healy			
Full Name of Contributor		Registration Number, if PAC	
Mary Weaver			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1097 Fordham Rd.	Office Asst.	07	17 09 50.00
City	State Zip Code	Form (Cash, Check, etc)	
Columbus	OH 43224	ck.	
Full Name of Contributor		Registration Number, if PAC	
Suzanne Geiger			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
325 Siebert St.	Teacher	07	17 09 50.00
City	State Zip Code	Form (Cash, Check, etc)	
Columbus	OH 43206	ck.	
Full Name of Contributor		Registration Number, if PAC	
Kevin Strous			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1674 Gosport PL.	Accountant	07	17 09 75.00
City	State Zip Code	Form (Cash, Check, etc)	
New Albany	OH 43054	ck.	
Full Name of Contributor		Registration Number, if PAC	
Carol Collins			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1820 Scottsdale Ave.	Homemaker	07	17 09 25.00
City	State Zip Code	Form (Cash, Check, etc)	
Columbus	OH 43235	ck.	
Full Name of Contributor		Registration Number, if PAC	
Kathleen Grende			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
327 Siebert St.	Teacher	07	17 09 50.00
City	State Zip Code	Form (Cash, Check, etc)	
Columbus	OH 43206	ck.	
Full Name of Contributor		Registration Number, if PAC	
Gary McCoy			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
2367 Halkirk N.	Col. City Worker	07	17 09 50.00
City	State Zip Code	Form (Cash, Check, etc)	
Columbus	OH 43229	Cash	
Full Name of Contributor		Registration Number, if PAC	
Mahdi Taakilo			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
4889 Sinclair Rd.	Business Owner, Small Biz	07	17 09 100.00
City	State Zip Code	Form (Cash, Check, etc)	
Columbus	OH 43229		

* 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

Page Total \$ 400.00
~~0.00~~