| Event | Date 7-17-19 |
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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* 100.00 City 43207 Check Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount Zip Code Form(Cash,Check,etc) City Registration Number, if PAC Full Name of Contributor Amount Street Address Employer/Occupation/Labor Organization* D Form(Cash,Check,etc) Zip Code Citv Registration Number, if PAC Full Name of Contributor Amount Employer/Occupation/Labor Organization* D Street Address Form(Cash,Check,etc) Zip Code Registration Number, if PAC Full Name of Contributor D Amount Employer/Occupation/Labor Organization* Street Address Form(Cash,Check,etc) Zip Code City Registration Number, if PAC Full Name of Contributor D Amount Employer/Occupation/Labor Organization* Street Address Zip Code Form(Cash,Check,etc) Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* D Amount Street Address Form(Cash,Check,etc) Zip Code State City

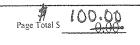
Fill in the boxes below only on the last page for this event.

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



^{*} 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 payroil 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)]