

Event Date	5-20-09
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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				Registration Number, if PAC			
Citizens for Alicia Healy							
Full Name of Contributor James Savage							
Street Address 1624 Clara St.		Employer/Occupation/Labor Organization* Business Owner, Knight		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							
Street Address 3020 Dale Ave.		Employer/Occupation/Labor Organization* Construction		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							
Street Address 28 W. Stafford Ave.		Employer/Occupation/Labor Organization* Office Mgr.		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							
Street Address 255 E. Welch Ave.		Employer/Occupation/Labor Organization* Dentist		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							
Street Address 2598 Ruhl Ave.		Employer/Occupation/Labor Organization* Dir. BOE		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							
Street Address 2353 McCauley Ct.		Employer/Occupation/Labor Organization* Lawyer		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							
Street Address 1730 King Ave. Apt. D		Employer/Occupation/Labor Organization* Office Mgr.		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

Page Total \$	500.00 0.00
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