

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>Citizens for Alicia Healy</u>									
Full Name of Contributor <u>Gary McCoy</u>						Registration Number, if PAC			
Street Address <u>2367 Hal Kirk N.</u>				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City <u>Columbus</u>				State <u>OH</u>		Zip Code <u>43229</u>		Form (Cash, Check, etc) <u>Cash</u>	<u>50.00</u>
Full Name of Contributor <u>Cash</u>						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State		Zip Code		Form (Cash, Check, etc) <u>Cash</u>	<u>230.00</u>
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State		Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State		Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State		Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State		Zip Code		Form (Cash, Check, etc)	
Full Name of Contributor						Registration Number, if PAC			
Street Address				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City				State		Zip Code		Form (Cash, Check, etc)	

* 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

\$ 1255.00

Total expenditures this event

463.13

Page Total \$ 280.00
0.00