Event Date	5-20-09
Page	3

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Se	cretary of State 3/03			estriateurie/WEMADIUTTU		
Name of Committee in Full (itizens for Alicia	a Heal	Ч					
Full Name of Contributor		Registration Number, if PAC					
Street Address 3367 Halkirk N.	Employer/Occup	M 05	20	09	Amount 50.00		
Street Address a3 67 falkirk N. City Columbus Full Name of Contributor Cush 4 25.00	State 6	Zip Code 43239		ash,Check USI	1	in the same	
Full Name of Contributor Cash 4 25.00				tion Num	ber, if PA	AC .	
Street Address	Employer/Occup	05		09	Amount 230.00		
City	State	Zip Code		ash,Checl	<u>h</u>	1321.4	
Full Name of Contributor				Registration Number, if PAC			
Street Address	Employer/Occup	M	D	Y	Amount		
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor			Registra	ition Nun	ber, if PA	AC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor			Registra	ition Nun	nber, if PA	AC .	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)	100	
Full Name of Contributor			Registra	ation Nun	ober, if P	AC	
Street Address	Employer/Occup	pation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
Full Name of Contributor			Registration Number, if PAC				
Street Address	Employer/Occu	Employer/Occupation/Labor Organization*		D	Y	Amount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)		
				AND DESCRIPTION OF THE PERSON			

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 S

^{*} 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)]