

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 Citizens for Alicia Healy					
Full Name of Contributor Bradley Sinnott				Registration Number, if PAC	
Street Address 52 E. Gay St. P.O. Box 1008		Employer/Occupation/Labor Organization*		M 05	D 19
City Columbus		State OH	Zip Code 43216	Y 09	Amount 50.00
Form(Cash, Check, etc) ck.					
Full Name of Contributor Janean Guy					
Street Address 4999 Kings hill Dr.		Employer/Occupation/Labor Organization*		M 05	D 20
City Columbus		State OH	Zip Code 43229	Y 09	Amount 50.00
Form(Cash, Check, etc) ck.					
Full Name of Contributor Jennifer Elicson					
Street Address 4550 Bimini Dr.		Employer/Occupation/Labor Organization*		M 05	D 20
City Gahanna		State OH	Zip Code 43230	Y 09	Amount 25.00
Form(Cash, Check, etc) ck.					
Full Name of Contributor Teri Owens					
Street Address 82 West Central Ave.		Employer/Occupation/Labor Organization*		M 05	D 20
City Delaware		State OH	Zip Code 43015	Y 09	Amount 100.00
Form(Cash, Check, etc) ck.					
Full Name of Contributor Palmer McNeal					
Street Address 5169 Springfield Ct.		Employer/Occupation/Labor Organization*		M 05	D 20
City Westerville		State OH	Zip Code 43081	Y 09	Amount 100.00
Form(Cash, Check, etc) ck.					
Full Name of Contributor Wesley Rahe					
Street Address 2050 Cannington Ct.		Employer/Occupation/Labor Organization*		M 05	D 20
City Columbus		State OH	Zip Code 43229	Y 09	Amount 50.00
Form(Cash, Check, etc) ck.					
Full Name of Contributor Dorothy Teater					
Street Address 3272 Cleve Hill		Employer/Occupation/Labor Organization*		M 05	D 16
City Dublin		State OH	Zip Code 43017	Y 09	Amount 100.00
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 \$ **475.00**
~~0.00~~