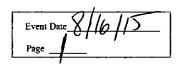
31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05



Name of Committee in Full CONISON FOR COUNCIL				
Full Name of Contributor KIM MAGGARD			Registration Number, if PAC	
Street Address 600 LINK RD.	Employer/Occupat	ion/Labor Organization* F WHITEHALL	M D Y Amount \$200.00	
City WHITEHALL	Stal te OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor LARRY MORRISON	•		Registration Number, if PAC	
Street Address 598 ROSS RD.	Employer/Occupat RETIRED	ion/Labor Organization*	0 8 1 6 1 5 Amount \$100.00	
City WHITEHALL	Sta te OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KATIE QUINCEL			Registration Number, if PAC	
Street Address 5047 DORAL	WHITEH	ion/Labor Organization* IALL SCHOOLS	0 8 1 6 1 5 \$50.00	
City WHITEHALL	OH Staj te	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHERYL JO THOMPSON			Registration Number, if PAC	
Street Address 224 MAPLEWOOD	DFAS	ion/Labor Organization*	0 8 1 6 1 5 \$50.00	
City WHITEHALL	OH Staj te	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
all Name of Contributor TERESA NETOTIAN		Registration Number, if PAC		
Street Address 4242 ETNA ST.	CITY OF	ion/Labor Organization* WHITEHALL	0 8 1 6 1 5 ** \$50.00	
City WHITEHALL	OH,	Zip Code 43213	Form (Cash. Check. etc.) CHECK	
Full Name of Contributor SHARRON LISTON			Registration Number, if PAC	
Street Address 4049 ANTHONY CT. S.	RÉTIRE		0 8 1 6 1 5 Amount \$25.00	
City WHITEAHALL	OH,	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor JIM AND MARIE GRAHAM Registration Number, if PAC				
Street Address 644 GREENWOOD	RETIRE		0 8 1 6 1 5 \$35.00	
City WHITEHALL	State OH	Zip Code 43213	CHECK	

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

n the date column		
Fotal contributions this event	Total expenditures this event.	ma bloll.

^{*} 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 also appear. [R.C. 3517.10(B)(4)]