

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/Occupation/Labor Organization* CITY OF WHITEHALL		M D Y 0 8 16 1 5	Amount \$200.00
City WHITEHALL	State 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/Occupation/Labor Organization* RETIRED		M D Y 0 8 16 1 5	Amount \$100.00
City WHITEHALL	State OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor KATIE QUINCEL			Registration Number, if PAC	
Street Address 5047 DORAL	Employer/Occupation/Labor Organization* WHITEHALL SCHOOLS		M D Y 0 8 16 1 5	Amount \$50.00
City WHITEHALL	State OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor CHERYL JO THOMPSON			Registration Number, if PAC	
Street Address 224 MAPLEWOOD	Employer/Occupation/Labor Organization* DFAS		M D Y 0 8 16 1 5	Amount \$50.00
City WHITEHALL	State OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor TERESA NETOTIAN			Registration Number, if PAC	
Street Address 4242 ETNA ST.	Employer/Occupation/Labor Organization* CITY OF WHITEHALL		M D Y 0 8 16 1 5	Amount \$50.00
City WHITEHALL	State 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.	Employer/Occupation/Labor Organization* RETIRED		M D Y 0 8 16 1 5	Amount \$25.00
City WHITEAHALL	State 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	Employer/Occupation/Labor Organization* RETIRED		M D Y 0 8 16 1 5	Amount \$35.00
City WHITEHALL	State OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK	

* 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)]

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
510.00