31-E R.C. 3517.10(B)

Event Date	08 29 15
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## Statement of Contributions Received at a Social or Fundraising Event

al or Fundraising Ever

Name of Committee in Full  Citizens for Quincel  Full Name of Contributor								
Full Name of Contributor								
				Registration Number, if PAC				
Contributors of \$25 or less						,		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	45.00	
o:			la: c ı	0 8				647.00
City	St	ate i	Zip Code	Form(Ca	ısh Checi			
Full Name of Contributor		1	<u> </u>	Davieter	cash	ber, if PA		
Suellen Fitzwater				Regisua	uon mun	ι <b>ο</b> , α ι <i>τ</i>	ic .	
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
5760 Lee HIgh Circle	Zapo, en conquistrativa Organization			•	1 5		30.00	
City	St	ate	Zip Code		sh Checl			56.66
Nashport	10	H	43830	`	cash			
Full Name of Contributor	1 ( )		,	Registra		ber, if PA	\C	
Karen Conison								
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
958 Karl Street			018	219	1   5		50.00	
City	St	ate	Zip Code	Form(Ca	sh Checl	c,etc)		
Whitehall		H	43227		cash			
Full Name of Contributor				Registra	tion Num	ber, if PA	\C	
Patricia A. Rilev								
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	25.00	
24 Cliffview Drive				018	2 9			25.00
City	St _ St	ate Itt	Zip Code	,	ish,Check	. ,		
Mount Sterling Full Name of Contributor	$\perp \Omega$	ΙH	43143		checl	kber, if PA	<u>.</u>	
				Kegistra	uon rum	iber, ii ra	ic	i
Larry R. Morrison Street Address	Employer/Occupation/Labor Organization*			M D Y Amount				
598 Ross Road	employer/Occupanon/Labor Organization		0 8				75.00	
City	State Zip Code			sh Checl			75.00	
Whitehall		   H	43213		checl			
Full Name of Contributor	1.37	<u> </u>	10410			ber, if PA	AC .	
Chervl J. Thompson								
Street Address	Employer/Occupation/Labor Organization*			М	D	Y	Amount	
422 Maplewood Avenue				018	2 9	115		50.00
City	Si	ate	Zip Code	Form(Ca	ssh,Chec	k,etc)		
Whitehall		<u> </u>	43213		checl	<		
Full Name of Contributor	-			Registra	tion Num	iber, if PA	AC .	-
Patricia Stone								
Street Address	Employer/Occupation/Labor Organization*			M	D	Y	Amount	20.00
691 Robinwood Avenue			1			1 5		30.00
City	Si	ate I II	Zip Code		ash,Checi			
Whitehall		H	43213		chec	K		

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 \$ 907.00

<sup>\*</sup> 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)]