

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quincel				
Full Name of Contributor Contributors of \$25 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
			0 8 2 9 1 5	647.00
City	State	Zip Code	Form(Cash,Check,etc)	
	I		cash	
Full Name of Contributor Suellen Fitzwater			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
5760 Lee Hlgh Circle			0 8 2 9 1 5	30.00
City	State	Zip Code	Form(Cash,Check,etc)	
Nashport	O H	43830	cash	
Full Name of Contributor Karen Conison			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
958 Karl Street			0 8 2 9 1 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Whitehall	O H	43227	cash	
Full Name of Contributor Patricia A. Rilev			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
24 Cliffview Drive			0 8 2 9 1 5	25.00
City	State	Zip Code	Form(Cash,Check,etc)	
Mount Sterling	O H	43143	check	
Full Name of Contributor Larry R. Morrison			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
598 Ross Road			0 8 2 9 1 5	75.00
City	State	Zip Code	Form(Cash,Check,etc)	
Whitehall	O H	43213	check	
Full Name of Contributor Cheryl J. Thompson			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
422 Maplewood Avenue			0 8 2 9 1 5	50.00
City	State	Zip Code	Form(Cash,Check,etc)	
Whitehall	O H	43213	check	
Full Name of Contributor Patricia Stone			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
691 Robinwood Avenue			0 8 2 9 1 5	30.00
City	State	Zip Code	Form(Cash,Check,etc)	
Whitehall	O H	43213	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 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 \$ 907.00