

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee for Vernon Morrison for Upper Arlington City Council				
Full Name of Contributor Cynthia Rhodehamel			Registration Number, if PAC	
Street Address 2056 Waltham Rd.	Employer/Occupation/Labor Organization*		M 0 8 2 7 0 9	D Y Amount \$150.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor John Patton			Registration Number, if PAC	
Street Address 4766 Riverside Drive	Employer/Occupation/Labor Organization*		M 0 8 2 7 0 9	D Y Amount \$50.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Dale E. Heydlauff			Registration Number, if PAC	
Street Address 2390 Sheringham Road	Employer/Occupation/Labor Organization*		M 0 8 2 7 0 9	D Y Amount \$200.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Steven M. Holbert			Registration Number, if PAC	
Street Address 2080 Middlesex Road	Employer/Occupation/Labor Organization*		M 0 8 2 7 0 9	D Y Amount \$100.00
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor Clay M. Marsh			Registration Number, if PAC	
Street Address 2266 Club Road	Employer/Occupation/Labor Organization*		M 0 8 2 7 0 9	D Y Amount \$100.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Mark A. Hummer			Registration Number, if PAC	
Street Address 1795 Edgemont Road	Employer/Occupation/Labor Organization*		M 0 8 2 7 0 9	D Y Amount \$50.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Elaine S. Buck			Registration Number, if PAC	
Street Address 1570 Fishinger Road	Employer/Occupation/Labor Organization*		M 0 8 2 7 0 9	D Y Amount \$50.00
City Upper Arlington	State OH	Zip Code 43221	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

\$1,225 -

Total expenditures this event.

355.88

Page Total \$ 700.00