

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 Dennis J. Concilla			Registration Number, if PAC	
Street Address 4041 Fairfax Drive	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43220	Y 0	Amount \$50.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Catherine R. Drake			Registration Number, if PAC	
Street Address 2611 Berwyn Road	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Whitney T. Logan			Registration Number, if PAC	
Street Address 4161 Kenny Road	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43220	Y 0	Amount \$50.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Thomas Bogen			Registration Number, if PAC	
Street Address 748 Marburn Drive	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43214	Y 0	Amount \$100.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor James Lee Mader			Registration Number, if PAC	
Street Address 2873 Eastcleft Drive	Employer/Occupation/Labor Organization*		M 0	D 8
City Upper Arlington	State OH	Zip Code 43221	Y 0	Amount \$50.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Harry J. Kiefaber			Registration Number, if PAC	
Street Address 4085 Fairfax Drive	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43220	Y 0	Amount \$50.00
			Form (Cash, Check, etc.) check	
Full Name of Contributor Eric A. Braaten			Registration Number, if PAC	
Street Address 1889 Brandywine Dr.	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43220	Y 0	Amount \$50.00
			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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 450.00