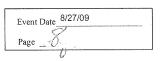
## Statement of Contributions Received at a Social or Fund-Raising Event



Prescribed by Secretary of State 03/05

Name of Committee in Full				
Committee for Vernon Morrison for	Upper Arlington City Cou	ncil	I be to a second	DA C
Full Name of Contributor  Dennis J. Concilla			Registration Number, if PAC	
Street Address	Employer/Occurs	ation/Labor Organization*	M D Y	Amount
4041 Fairfax Drive	Employer/Occup	Employer/Occupation/Labor Organization*		\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43220	check	
Full Name of Contributor			Registration Number, if PAC	
Catherine R. Drake			M D Y	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount
2611 Berwyn Road	Code			\$100.00
Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.)	
Columbus Full Name of Contributor	Į UΠ	43441	Registration Number, if I	PAC
Whitney T. Logan				
Street Address	Employer/Occur	ation/Labor Organization*	M D Y	Amount
4161 Kenny Road	Employ en Occup	Employer/Occupation/Lavor Organization		\$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43220	check	
Full Name of Contributor			Registration Number, if I	PAC
Thomas Bogen			M D Y	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount
748 Marburn Drive			0 8 2 7 0 9	\$100.00
Columbus	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43214	Registration Number, if	PAC
Full Name of Contributor James Lee Mader			M D Y	
Street Address 2873 Eastcleft Drive	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$50.00
	Sta te	Zip Code	0 8 2 7 0 9 Form (Cash, Check, etc.)	
City Upper Arlington	OH	43221	check	
Full Name of Contributor			Registration Number, if	PAC
Harry J. Kiefaber			M D Y	
Street Address 4085 Fairfax Drive	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$50.00
City Columbus	Stal te OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor		Registration Number, if PAC		
Eric A. Braaten				
Street Address 1889 Brandywine Dr.	Employer/Occup	Employer/Occupation/Labor Organization*		Amount \$50.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	
Columbus	OH	43220	check	

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

<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 also appear. [R.C. 3517.10(B)(4)]