

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee to elect Vernon Morrison				
Full Name of Contributor Mar Jeanne Taulbee			Registration Number, if PAC	
Street Address 17974 Timberlane	Employer/Occupation/Labor Organization*		M   D   Y 0   9   1   0   0   9	Amount \$100.00
City Marysville	State OH	Zip Code 43040	Form (Cash, Check, etc.) check	
Full Name of Contributor Glen Dugger			Registration Number, if PAC	
Street Address 1788 Coventry Rd	Employer/Occupation/Labor Organization*		M   D   Y 0   9   1   0   0   9	Amount \$100.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor Douglas J. Ryan			Registration Number, if PAC	
Street Address 1965 Upper Chelsea Rd	Employer/Occupation/Labor Organization*		M   D   Y 0   9   1   0   0   9	Amount \$40.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Wiles, Boyle, Burkholder, Bringardner Co., L.P.A.			Registration Number, if PAC CP-1058	
Street Address 300 Spruce Street	Employer/Occupation/Labor Organization*		M   D   Y 0   9   1   0   0   9	Amount \$175.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M   D   Y	Amount
City	State OH	Zip Code	Form (Cash, Check, etc.)	

\* 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

\$415.00

Total expenditures this event.

\$0.00

Page Total \$ 415.00