

Statement of Contributions Received
at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full CITIZENS SUPPORTING WHITEHALL SCHOOLS											
Full Name of Contributor INGRID CHAPMAN					Registration Number, if PAC						
Street Address 67 MEADOW LANE			Employer/Occupation/Labor Organization*		M	D	Y	Amount			
					0	8	3	1	1	8	45.00
City JOHNSTOWN			State O H		Zip Code 43031		Form(Cash,Check,etc) CHECK				
Full Name of Contributor KATIE QUINCEL					Registration Number, if PAC						
Street Address 5047 DORAL AVE			Employer/Occupation/Labor Organization*		M	D	Y	Amount			
					0	8	3	1	1	8	45.00
City WHITEHALL			State O H		Zip Code 43213		Form(Cash,Check,etc) CHECK				
Full Name of Contributor STEVE QUINCEL					Registration Number, if PAC						
Street Address 5047 DORAL AVE			Employer/Occupation/Labor Organization*		M	D	Y	Amount			
					0	8	3	1	1	8	45.00
City WHITEHALL			State O H		Zip Code 43213		Form(Cash,Check,etc) CHECK				
Full Name of Contributor TERESA RILL					Registration Number, if PAC						
Street Address 1308 FAIRVIEW AVE			Employer/Occupation/Labor Organization*		M	D	Y	Amount			
					0	8	3	1	1	8	45.00
City COLUMBUS			State O H		Zip Code 43213		Form(Cash,Check,etc) CHECK				
Full Name of Contributor JUSTIN KUCK					Registration Number, if PAC						
Street Address 5445 MEADOW PASSAGE			Employer/Occupation/Labor Organization*		M	D	Y	Amount			
					0	9	0	6	1	8	45.00
City CANAL WINCHESTER			State O H		Zip Code 43110		Form(Cash,Check,etc) CHECK				
Full Name of Contributor ADMIN FRI FUNDRAISER-CONTRIBUTORS OF \$25 OR LESS					Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*		M	D	Y	Amount			
					0	9	0	7	1	8	125.00
City			State		Zip Code		Form(Cash,Check,etc) CASH				
Full Name of Contributor					Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*		M	D	Y	Amount			
City			State		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 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

350.00

Total expenditures this event

0.00

Page Total \$350.00