

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Keck for Council</b>					
Full Name of Contributor <b>Crystal Madigan</b>				Registration Number, if PAC	
Street Address <b>4304 Charles Ct</b>	Employer/Occupation/Labor Organization* <b>Hilliard City Schools</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Cash</b>		Amount <b>20.00</b>
Full Name of Contributor <b>Michael H. Wander</b>				Registration Number, if PAC	
Street Address <b>6631 Collingwood Dr</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Westerville</b>	State <b>O</b>	Zip Code <b>43082</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>25.00</b>
Full Name of Contributor <b>Lara Natalie Baker</b>				Registration Number, if PAC	
Street Address <b>165 Halligan Ave</b>	Employer/Occupation/Labor Organization* <b>City of Columbus</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Worthington</b>	State <b>O</b>	Zip Code <b>43085</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Carole J. Kelley</b>				Registration Number, if PAC	
Street Address <b>4621 Leap Ct</b>	Employer/Occupation/Labor Organization* <b>Dentist</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Larry Earman</b>				Registration Number, if PAC	
Street Address <b>4369 Shire Creek Ct</b>	Employer/Occupation/Labor Organization* <b>Accountant</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Hilliard</b>	State <b>O</b>	Zip Code <b>43026</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Donna Swenson</b>				Registration Number, if PAC	
Street Address <b>4824 Bellann Rd</b>	Employer/Occupation/Labor Organization* <b>Swenson Veterinary</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Columbus</b>	State <b>O</b>	Zip Code <b>43221</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>50.00</b>
Full Name of Contributor <b>Elaine N. Silveira</b>				Registration Number, if PAC	
Street Address <b>6094 Brice Park Dr</b>	Employer/Occupation/Labor Organization* <b>Ohio State Troopers Assoc.</b>		M <b>0</b>	D <b>3</b>	Y <b>1</b>
City <b>Canal Winchester</b>	State <b>O</b>	Zip Code <b>43110</b>	Form(Cash,Check,etc)		Amount <b>100.00</b>

\* 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

Total expenditures this event

Page Total \$ 595.00