

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

Prescribed by Secretary of State 03/05

Name of Committee in Full CONISON FOR COUNCIL				
Full Name of Contributor BARBARA BLAKE			Registration Number, if PAC	
Street Address 698 MAPLEWOOD	Employer/Occupation/Labor Organization* Columbus City Schools		M D Y 0 8 1 3 1 1	Amount \$50.00
City COLUMBUS	State OH	Zip Code 43213	Form (Cash, Check, etc.) CASH	
Full Name of Contributor KATIE QUINCEL			Registration Number, if PAC	
Street Address 3759 WASHBURN	Employer/Occupation/Labor Organization* HOMEMAKER		M D Y 0 8 1 3 1 1	Amount \$50.00
City COLUMBUS	State OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor BRENT HOWARD			Registration Number, if PAC	
Street Address 348 CUMBERLAND	Employer/Occupation/Labor Organization* REAL ESTATE		M D Y 0 8 1 3 1 1	Amount \$50.00
City COLUMBUS	State OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor DAN MILLER			Registration Number, if PAC	
Street Address 4124 MAYFLOWER BLVD.	Employer/Occupation/Labor Organization* RETIRED		M D Y 0 8 1 3 1 1	Amount \$50.00
City COLUMBUS	State OH	Zip Code 43213	Form (Cash, Check, etc.) CHECK	
Full Name of Contributor ALL OTHERS (SEE ATTACHED)			Registration Number, if PAC	
Street Address (ADDRESSES ATTACHED)	Employer/Occupation/Labor Organization* VARIOUS		M D Y 0 8 1 3 1 1	Amount \$160.00
City COLUMBUS	State OH	Zip Code 43213	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 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

\$360.00

Total expenditures this event.

\$166.74

Page Total \$ **\$360.00**