

Event Date	_____
Page	_____

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <u>Support Your Bexley Library</u>				
Full Name of Contributor <u>Jed Morrison</u>			Registration Number, if PAC	
Street Address <u>2570 Brentwood</u>	Employer/Occupation/Labor Organization* <u>city councilman</u>		M <u>1</u> D <u>0</u> Y <u>09</u>	Amount <u>100.00</u>
City <u>Bexley</u>	State <u>OH</u>	Zip Code <u>43209</u>	Form (Cash, Check, etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M	D
City			Y	Amount
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
State			Zip Code	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M	D
City			Y	Amount
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
State			Zip Code	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M	D
City			Y	Amount
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
State			Zip Code	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M	D
City			Y	Amount
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
State			Zip Code	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M	D
City			Y	Amount
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
State			Zip Code	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M	D
City			Y	Amount
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
State			Zip Code	
Full Name of Contributor			Registration Number, if PAC	
Street Address			M	D
City			Y	Amount
Employer/Occupation/Labor Organization*			Form (Cash, Check, etc)	
State			Zip Code	

\* 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 \$ 100.00