

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

Prescribed by Secretary of State 2/01

Name of Committee in Full			
Tom Kneeland For City Council			
Full Name of Contributor		Registration Number, if PAC	
Sheila L. Dobbie			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
1446 Sedgfield Dr.		09	25 23 25.00
City	State Zip Code	Form (Cash, Check, etc.)	
New Albany	OH 43054	CHECK	
Full Name of Contributor		Registration Number, if PAC	
Rebecca J. King			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
7311 Havens Corners Rd.		09	25 23 100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Blacklick	OH 43054	CHECK	
Full Name of Contributor		Registration Number, if PAC	
Edward D. Hanauert			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
528 Wickham Way		09	25 23 100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Gahanna	OH 43230	CHECK	
Full Name of Contributor		Registration Number, if PAC	
M. Candace Greenblott			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
483 Old Mill Drive		09	25 23 100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Gahanna	OH 43230	CHECK	
Full Name of Contributor		Registration Number, if PAC	
Ryan P. Jolley			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
187 Regents Rd.		09	25 23 25.00
City	State Zip Code	Form (Cash, Check, etc.)	
Gahanna	OH 43230	CHECK	
Full Name of Contributor		Registration Number, if PAC	
Warner M. Thomas, Jr.			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
140 E. Town St.		09	25 23 100.00
City	State Zip Code	Form (Cash, Check, etc.)	
Columbus	OH 43215	CHECK	
Full Name of Contributor		Registration Number, if PAC	
Tonia Souder			
Street Address	Employer/Occupation/Labor Organization*	M	D Y Amount
484 Old Mill Drive		09	25 23 50.00
City	State Zip Code	Form (Cash, Check, etc.)	
Gahanna	OH 43230	CHECK	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, occupation 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

Total expenditures this event.

500.00

Page Total \$ 500.00