

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Quincel						
Full Name of Contributor Walter Armes			Registration Number, if PAC			
Street Address 4010 Etna Street	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15	Amount 20.00
City Whitehall	State O H	Zip Code 43213	Form(Cash,Check,etc) check			
Full Name of Contributor Marilyn F. Moore			Registration Number, if PAC			
Street Address 19499 Fierce Ridge Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15	Amount 40.00
City Glouster	State O H	Zip Code 45732	Form(Cash,Check,etc) check			
Full Name of Contributor Sharron Liston			Registration Number, if PAC			
Street Address 4049 Anthony Ct. S.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15	Amount 25.00
City Whitehall	State O H	Zip Code 43213	Form(Cash,Check,etc) check			
Full Name of Contributor Friends of Jim Graham			Registration Number, if PAC			
Street Address 364 Pineview Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15	Amount 35.00
City Whitehall	State O H	Zip Code 43213	Form(Cash,Check,etc) check			
Full Name of Contributor Carmen C. Williams			Registration Number, if PAC			
Street Address 2904 Brownlee Avenue	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15	Amount 25.00
City Columbus	State O H	Zip Code 43209	Form(Cash,Check,etc) check			
Full Name of Contributor Rita L. Ralston			Registration Number, if PAC			
Street Address 489 Virginia Circle W.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15	Amount 100.00
City Whitehall	State O H	Zip Code 43213	Form(Cash,Check,etc) check			
Full Name of Contributor Scott E. Patterson			Registration Number, if PAC			
Street Address 621 Hackberry Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 15	Amount 20.00
City Westerville	State O H	Zip Code 43081	Form(Cash,Check,etc) check			

* 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

1,172.00

Total expenditures this event

180.05

Page Total \$ 265.00