

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

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>CONISON FOR COUNCIL</b>					
Full Name of Contributor <b>KIM MAGGARD</b>				Registration Number, if PAC	
Street Address <b>600 LINK RD.</b>	Employer/Occupation/Labor Organization* <b>CITY AUDITOR</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>
City <b>WHITEHALL</b>	State <b>O</b>	Zip Code <b>H 43213</b>	Form (Cash, Check, etc) <b>CHECK</b>		Amount <b>250.00</b>
Full Name of Contributor <b>MARIE GRAHAM</b>				Registration Number, if PAC	
Street Address <b>644 GREENWOOD RD.</b>	Employer/Occupation/Labor Organization* <b>HOUSEWIFE</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>
City <b>WHITEHALL</b>	State <b>O</b>	Zip Code <b>H 43213</b>	Form (Cash, Check, etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>BARBARA BLAKE</b>				Registration Number, if PAC	
Street Address <b>698 MAPLEWOOD AVE.</b>	Employer/Occupation/Labor Organization* <b>COLUMBUS SCHOOLS</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>
City <b>WHITEHALL</b>	State <b>O</b>	Zip Code <b>H 43213</b>	Form (Cash, Check, etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>CINDY STEWART</b>				Registration Number, if PAC	
Street Address <b>900 ROSEMORE AVE.</b>	Employer/Occupation/Labor Organization* <b>WHITEHALL ADMIN.</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>
City <b>WHITEHALL</b>	State <b>O</b>	Zip Code <b>H 43213</b>	Form (Cash, Check, etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>CHERYL J. THOMPSON</b>				Registration Number, if PAC	
Street Address <b>422 MAPLEWOOD AVE.</b>	Employer/Occupation/Labor Organization* <b>DSCC</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>
City <b>WHITEHALL</b>	State <b>O</b>	Zip Code <b>H 43213</b>	Form (Cash, Check, etc) <b>CHECK</b>		Amount <b>50.00</b>
Full Name of Contributor <b>ROBIN GRANT</b>				Registration Number, if PAC	
Street Address <b>5130 DORAL</b>	Employer/Occupation/Labor Organization* <b>HOUSEWIFE</b>		M <b>0</b>	D <b>6</b>	Y <b>1</b>
City <b>WHITEHALL</b>	State <b>O</b>	Zip Code <b>H 4313</b>	Form (Cash, Check, etc) <b>CASH</b>		Amount <b>50.00</b>
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Form (Cash, Check, etc)		Amount

\* 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

6.00

Total expenditures this event

3.00

Page Total \$ 500.00