

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Rover for UA School Board				
Full Name of Contributor Robert J. Weiler Jr			Registration Number, if PAC	
Street Address 10 N High Street, Suite 401	Employer/Occupation/Labor Organization*		M D Y 1 0 1 1 5	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Richard & Marylou Posev			Registration Number, if PAC	
Street Address 200 Greinbriar Ct	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 50.00
City Worthington	State O H	Zip Code 43085	Form(Cash,Check,etc) Check	
Full Name of Contributor William A Werth			Registration Number, if PAC	
Street Address 5664 Keating Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 50.00
City Dublin	State OH 	Zip Code 43016	Form(Cash,Check,etc) Check	
Full Name of Contributor John & Julie Leff			Registration Number, if PAC	
Street Address 1697 Berkshire Road	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 100.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Leslie Plahuta			Registration Number, if PAC	
Street Address 4335 Harborough RD	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 200.00
City Upper Arlington	State O H	Zip Code 43220	Form(Cash,Check,etc) 200	
Full Name of Contributor Brendan King			Registration Number, if PAC	
Street Address 2576 Coventry Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 100.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor James & Marv Moore			Registration Number, if PAC	
Street Address 2405 Swansea Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 100.00
City Upper Arlington	State O H	Zip Code 43221	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

2,475.00

Total expenditures this event

0.00

Page Total \$ 700.00