

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 Schools					
Full Name of Contributor Bari Jones				Registration Number, if PAC	
Street Address 2225 Sheringham Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Upper Arlington	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Dale & Gloria Heydlauff				Registration Number, if PAC	
Street Address 2390 Sheringham Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Upper Arlington	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Stanford & Jane Ackley				Registration Number, if PAC	
Street Address 5770 Clark State Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Gahanna	State OH	Zip Code 43230	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Lisa Martvn				Registration Number, if PAC	
Street Address 2212 Sheringham Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Upper Arlington	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 150.00
Full Name of Contributor Dellovd & Jo Roush				Registration Number, if PAC	
Street Address 4290 Clairmont Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 50.00
Full Name of Contributor Michael & Danielle Whitcomb				Registration Number, if PAC	
Street Address 4618 Burbank Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Upper Arlington	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Karen Ballou				Registration Number, if PAC	
Street Address 2811 Helston Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Upper Arlington	State OH	Zip Code 43220	Form(Cash,Check,etc) Cash		Amount 50.00

* 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 \$ 650.00