

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Groce for Columbus Schools							
Full Name of Contributor Deonta Davis				Registration Number, if PAC			
Street Address 1164 1/2 South High Street		Employer/Occupation/Labor Organization* Worthington Cylinders		M 10	D 07	Y 07	Amount 24.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc) Cash			
Full Name of Contributor Laurie Green-Lauber				Registration Number, if PAC			
Street Address 307 Tibet Road		Employer/Occupation/Labor Organization* Franklin Co MRDD		M 10	D 07	Y 07	Amount 25.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc) Cash			
Full Name of Contributor Amy Sewell				Registration Number, if PAC			
Street Address 63 Northridge Road		Employer/Occupation/Labor Organization* National City Bank		M 10	D 07	Y 07	Amount 30.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc) Check			
Full Name of Contributor Barbara Scanlon				Registration Number, if PAC			
Street Address 299 Walhalla Road		Employer/Occupation/Labor Organization* Netcare		M 10	D 07	Y 07	Amount 25.00
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc) Check			
Full Name of Contributor Gisela Groce				Registration Number, if PAC			
Street Address 5574 Tacoma Lane		Employer/Occupation/Labor Organization* Homemaker		M 10	D 07	Y 07	Amount 25.00
City Westerville		State OH	Zip Code 43082	Form (Cash, Check, etc) Check			
Full Name of Contributor Elizabeth Smith				Registration Number, if PAC			
Street Address 582 East Stanton Ave		Employer/Occupation/Labor Organization* Riverside Methodist		M 10	D 07	Y 07	Amount 25.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc) Check			
Full Name of Contributor Elizabeth Melville				Registration Number, if PAC			
Street Address 321 East Weber Road		Employer/Occupation/Labor Organization* Self-employed editor		M 10	D 07	Y 07	Amount 25.00
City Columbus		State OH	Zip Code 43202	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

734.00

Total expenditures this event

- 0.00 -

Page Total \$ **179.00**