Event Date	10/07/07
Page	U

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

	Prescribed b	у Ѕесг	etary of State 3/05						
Name of Committee in Full									
Groce for Columbus Schools									
Full Name of Contributor					Registration Number, if PAC				
Sarah Moore	T			4	T	T	T		
Street Address	1	tion/Labor Organization*	M	D	Y	Amount	25.00		
128 East North Broadway	Homemaker			10	07	07		25.00	
City	State Zip Code			Form(Cash,Check,etc)					
Columbus Full Name of Contributor	OH	43214	Check Registration Number, if PAC						
				Registra	wa Num	iber, ii PA	AC.		
Caroline Pogany Sucet Address	Ir1	ing the Oranical	М	l D	Y	Amount			
7448 Lebanon Avenue		Employer/Occupation/Labor Organization*			07	07	Amount	25.00	
City	State	Special needs childcare State   Zip Code			10 07 07 25.00 Form(Cash, Check, etc)				
1 '	OH		43068		Chec				
Reynoldsburg Full Name of Contributor	11701		15000	Registration Number, if PAC					
Isabelle Cadenal-Newkirk						,			
Street Address	Employer/C	Employer/Occupation/Labor Organization*			D	Y	Amount		
5055 New Haven Drive		CPS Teacher			07	07		25.00	
City	<del></del>	State Zip Code		10 Form(C	ash Chec				
Columbus	OH		43220		Chec	k			
Full Name of Contributor					Registration Number, if PAC				
Ann Warner									
Street Address	Employer/C	Employer/Occupation/Labor Organization®			D	Y	Amount		
1260 Bradshire Drive	River	Riverside Hospital			07	07	1	40.00	
City	State	State Zip Code			10   07   07   40.00     Form(Cash,Check,etc)				
Columbus	OH	OH! 43220			Check				
Full Name of Contributor	•			Registra	tion Nur	ber, if Pa	AC		
Street Address	Employer/C	Employer/Occupation/Labor Organization*			D	Y.	Amount		
						<u> </u>	<u> </u>		
City	State		Zip Code	Form(C	ash,Chec	k,etc)			
	<u> </u>			4					
Full Name of Contributor				Registra	ttion Nun	iber, if Pa	AC		
				м			T:		
Street Address	Employer/C	Employer/Occupation/Labor Organization*			D	Y	Amount		
· · · · · · · · · · · · · · · · · · ·	<del>                                     </del>		a: 0 1	1 1	1 !				
City	State		Zip Code	Form(C	ash,Checi	k,etc)			
F. H.M	<u> </u>			Daminton	stion Nive	her if D	A.C.	•	
Full Name of Contributor				Registra	ation Num	ioer, ii P	40		
Street Address	Employer/Occupation/Labor Organization*				D	ΙÝ	Amount		
Priver vingers	Lampley Color Companion Francisco Conganization			M	ĺ	l î			
City	State		Zip Code	Form(C	ash,Chec	k.etc)	<b>-</b>		
Cuy					· van amily carreigner				
				_1					

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

<sup>\*</sup> 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)]