10/07/07
8

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

	Plescribed by St	actedary of scale 3/03						
Name of Committee in Full								
Groce for Columbus Schools								
Full Name of Contributor				Registration Number, if PAC				
Don Dean								
Street Address	Employer/Occupation/Labor Organization®		M	D	Y	Amount		
4209 Rowanne Road		ate University	10	07i	07		20.00	
City	State	Zip Code	Form(Cash,Check,etc)					
Columbus	OH	43214	Cash					
Full Name of Contributor			Registr	ation Nur	nber, if Pa	AC		
Katie Miller	In a so		1	1 -	T	1.		
Street Address	Employer/Occupation/Labor Organization* Riverside Methodist		M	D	Y	Amount	20.00	
4253 Fairfax			10 07 07		20.00			
Calumbus	State	Zip Code	Form(Cash,Check,etc)					
Columbus Full Name of Contributor	OH	43221	Cash Registration Number, if PAC					
F —			Kegisti	ation Nur	nber, ii P	AL		
Sylvie Ouelette Street Address	Ir1		- 1	1 5	T 0	1		
	Employer/Occupation/Labor Organization		M 10	D	Y OZ	Amount	25.00	
1823 Laylon Drive	Project State	Leader - TSTNA 	10 07		07	4	25.00	
l *			Form(Cash,Check,etc)					
Columbus Full Name of Contributor	LOH!	43229	Cash Registration Number, if PAC		A.C.			
Bill Groce			Kegisu	ZUKNO NUT	noer, ii ez	AL		
Street Address	[Faralayus#Oanu	nation/Labor Organization®	М	D	ΙΥ	Amount	•	
5520 Little Falls Dr	Employer/Occupation/Labor Organization*		10	07i	07	AIROUR.	100.00	
City	Retired Principal State Zip Code					1	100.00	
Dublin	I	43016	Form(Cash,Check,etc) Check					
Full Name of Contributor	OH	45010	Registration Number, if PAC		AC			
Deric Scott			I KE GLSG	auon i u	11001, 11 1 2	nc .		
Street Address	Employer/Occupation/Labor Organization®		м	D	Y	Amount		
7001 Cloverdale Lane	Firefigh	=	10	07	07		25.00	
City	State	Zip Code		Cash,Chec			25.00	
Columbus	OH	43235		Chec				
Full Name of Contributor	I Om i	10200	Registration Number, if PAC		AC.			
Missy Martinez			1					
Street Address	Employer/Occur	pation/Labor Organization*	м	D	Y	Amount		
5030 Jamestown Road	Realtor		10	07	07		25.00	
City	State	Zip Code		ash,Chec			25.00	
Columbus	OHI	43220	l '	Chec				
Full Name of Contributor		10220	Registr		nber, if Pa	AC		
Rebecca Nelson								
Street Address	Employer/Occu	pation/Labor Organization*	М	D	Y	Amount		
315 East Weber Road	I	Ohio State University		07	07j		60.00	
City	State	Zip Code	10 Form(C	Cash,Chec		1	50.00	
Columbus	lon!	43202		Chec				

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	

^{*} 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)]