

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 Matt & Heather Evans				Registration Number, if PAC	
Street Address 2238 Yorkshire Road	Employer/Occupation/Labor Organization*			M D Y 1 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 Eric & Robyn Morton				Registration Number, if PAC	
Street Address 7071 Hill Road	Employer/Occupation/Labor Organization*			M D Y 1 0 0 1 1 5	Amount 50.00
City Plain City	State O H	Zip Code 43064		Form(Cash,Check,etc) Check	
Full Name of Contributor Charles Schneider				Registration Number, if PAC	
Street Address 5633 Montridge LN	Employer/Occupation/Labor Organization*			M D Y 1 0 0 1 1 5	Amount 100.00
City Dublin	State O H	Zip Code 43016		Form(Cash,Check,etc) Check	
Full Name of Contributor Margret Sullivan				Registration Number, if PAC	
Street Address 2731 Redding Road	Employer/Occupation/Labor Organization*			M D Y 1 0 0 1 1 5	Amount 50.00
City Upper Arlington	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor E Park Zimpher				Registration Number, if PAC	
Street Address 2435 Coventry Road	Employer/Occupation/Labor Organization*			M D Y 1 0 0 1 1 5	Amount 50.00
City Upper Arlington	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Kelly & Lori Trent				Registration Number, if PAC	
Street Address 2584 Edington Rd	Employer/Occupation/Labor Organization*			M D Y 1 0 0 1 1 5	Amount 50.00
City Upper Arlington	State O H	Zip Code 43221		Form(Cash,Check,etc) Check	
Full Name of Contributor Judith Martz				Registration Number, if PAC	
Street Address 2551 Abbingdon Road	Employer/Occupation/Labor Organization*			M D Y 1 0 0 1 1 5	Amount 50.00
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 \$ 450.00