

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 Glen & Joan Dugger				Registration Number, if PAC	
Street Address 1788 Coventry Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Upper Arlington	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Thomas & Jenanne Bogen				Registration Number, if PAC	
Street Address 3983 Newhal Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor RK Kerns				Registration Number, if PAC	
Street Address 1902 Lakeshore Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Columbus	State OH	Zip Code 43204	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jonathan & Jocelyn Varner				Registration Number, if PAC	
Street Address 2427 Cambridge Blvd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Upper Arlington	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jason & Elizabeth Moore				Registration Number, if PAC	
Street Address 2343 Swansea Rd	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Upper Arlington	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Charlie & Rhoda Frass				Registration Number, if PAC	
Street Address 2378 Kensington Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 15
City Upper Arlington	State OH	Zip Code 43221	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Kevin & Heidi Orsini				Registration Number, if PAC	
Street Address 4205 Windemere 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 200.00

* 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 \$

800.00