31-E R.C. 3517.10(B)

Total contributions this event

Event Date		
Page	03	

Page Total \$

0.00

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by	Secretary of State 3/05				
Name of Committee in Full Palmer For	^ Schoo	ol Board				The state of the s
Full Name of Contributor Michael S, Pac	dovan		Registr	ation Numl	ber, if PAC	
Street Address 1192 (Stanbone Dr	Employer/Occu	pation/Labor Organization*	M	D 0 3) Y 9	Amount お みち,00
City Columbus	State	Zip Code 43aal	1 1 2	ash, Check		4 A3,00
Full Name of Contributor Scott D. Deubnar		73881	Registra	ation Numb	oer, if PAC	
Street Address 4694 Merit Driv		pation/Labor Organization×	М	D	Y	Amount
City	State	Zip Code	/ <i>O</i> Form(C	0 2 ash,Check	1 1	\$50.00
Full Name of Contributor		43026	Registra	ition Numb	oer, if PAC	
Street Address	Employer/Occup	pation/Labor Organization*	М	D	Y	Ámount
City	State	Zip Code	Form(C	ash, Check	etc)	
Full Name of Contributor)			William Commonwell	er, if PAC	
Street Address	Frankrian I O com	oation/Labor Organization*	M	D		
City					Y	Amount
	State	Zip Code		ash, Check,	-	
Full Name of Contributor			Registra	tion Numb	er, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount
City	State	Zip Code	Form(C	ash, Check,	etc)	
Full Name of Contributor			Registra	tion Numb	er, if PAC	
itreet Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount
Sity	State	Zip Code	Form(Ca	l i ish,Check,	etc)	
rull Name of Contributor			Registra	tion Numb	er, if PAC	
Street Address	Employer/Occup	ation/Labor Organization*	М	D	Y	Amount
Sity	State	Zip Code	Form(Ca	ish, Check,	etc)	
				A		ASSESSED OF THE PROPERTY OF TH
uired for contributions from individuals over \$100 to statewide and general assen ual's business, if any, rather than employer should be listed. If two or more emplo	mbly candidates. If cont oyees contribute via pa	tributor is self-employed, the occupa yroll deduction and exceed the aggi	ation and the na regate of \$100,	ame of the the labor		
zation of which the employees are members, if any, must appear. [R.C. 3517,10]		•••				
ill in the baxes below only on the last page for this event. 'ransfer the Total contributions for this event to form No. 31-A. Under Full Nam	e of Contributor state "	Contributions from form Ma 21-F"	and list the day	a of the co	ent	
the date column.	2 to controdot nate	Control of the contro	ensonor the Ud	ounie ev	OHL	

Total expenditures this event