

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

Prescribed by Secretary of State 3/05

Name of Committee in Full		Registration Number, if PAC	
Cindy Crowe for School Board			
Full Name of Contributor Anne H. Gonzales		Registration Number, if PAC	
Street Address 335 Wildwood Dr.	Employer/Occupation/Labor Organization*	M   D   Y 017   216   017	Amount 150.00
City Westerville	State   Zip Code OH   43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Susan J. Parsons		Registration Number, if PAC	
Street Address 6895 Sunbury Rd.	Employer/Occupation/Labor Organization*	M   D   Y 017   216   017	Amount 25.00
City Westerville	State   Zip Code OH   43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Robert Fresch		Registration Number, if PAC	
Street Address 6555 Hilmar Court	Employer/Occupation/Labor Organization*	M   D   Y 017   216   017	Amount 10.00
City Westerville	State   Zip Code OH   43082	Form (Cash, Check, etc.) Cash	
Full Name of Contributor David H. Weaver		Registration Number, if PAC	
Street Address 66 E. Broadway	Employer/Occupation/Labor Organization*	M   D   Y 017   216   017	Amount 10.00
City Westerville	State   Zip Code OH   43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Earlene Wandrev - sole owner of DBA DEJAVU Clothing Store		Registration Number, if PAC	
Street Address 11 N. State St.	Employer/Occupation/Labor Organization* Owner DBA DEJAVU	M   D   Y 017   216   017	Amount 200.00
City Westerville	State   Zip Code OH   43081	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laura L. Ehninger		Registration Number, if PAC	
Street Address 282 Ashford Dr.	Employer/Occupation/Labor Organization*	M   D   Y 017   216   017	Amount 30.00
City Westerville	State   Zip Code OH   43082	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nancy Cowee		Registration Number, if PAC	
Street Address 1128 Forest Glen	Employer/Occupation/Labor Organization*	M   D   Y 017   216   017	Amount 50.00
City Westerville	State   Zip Code OH   43081	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  
1,028.12

Total expenditures this event  
250.00

Page Total \$ 475.00