

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

Prescribed by Secretary of State 3/05

|   |   |                          |   |                         |
|---|---|--------------------------|---|-------------------------|
| Name of Committee in Full<br><b>Rover For UA Schools</b>          |   |                          |   |                         |
| Full Name of Contributor<br><b>David &amp; Tracy Harrison</b>     |   |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>163 N Casingham Rd</b>                       | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   0   1   2   1   5</b> | Amount<br><b>100.00</b> |
| City<br><b>Bexley</b>   | State<br><b>O   H</b>                   | Zip Code<br><b>43209</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Ronald &amp; Jill Scott</b>        |   |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>4391 Lyon Drive</b>                          | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   0   1   2   1   5</b> | Amount<br><b>100.00</b> |
| City<br><b>Upper Arlington</b>                                    | State<br><b>O   H</b>                   | Zip Code<br><b>43220</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Daniel &amp; Nicole McCarthy</b>   |   |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>2355 Shellbourne Ln</b>                      | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   0   1   2   1   5</b> | Amount<br><b>100.00</b> |
| City<br><b>Columbus</b>   | State<br><b>O   H</b>                   | Zip Code<br><b>43220</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Matthew &amp; Sarah Backiewicz</b> |   |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>4271 Stratton Road</b>                       | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   0   1   2   1   5</b> | Amount<br><b>100.00</b> |
| City<br><b>Upper Arlington</b>                                    | State<br><b>O   H</b>                   | Zip Code<br><b>43220</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Keith &amp; A. Anne Devoe</b>      |   |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>2200 Cambridge Road</b>                      | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   0   1   2   1   5</b> | Amount<br><b>50.00</b>  |
| City<br><b>Upper Arlington</b>                                    | State<br><b>O   H</b>                   | Zip Code<br><b>43221</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>Michael &amp; Randi Stummer</b>    |   |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>2485 Sheringham Rd</b>                       | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   0   1   2   1   5</b> | Amount<br><b>100.00</b> |
| City<br><b>Upper Arlington</b>                                    | State<br><b>O   H</b>                   | Zip Code<br><b>43220</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |
| Full Name of Contributor<br><b>William &amp; Molly Brennan</b>    |   |                          | Registration Number, if PAC               |                         |
| Street Address<br><b>22649 Westchester Rd</b>                     | Employer/Occupation/Labor Organization* |                          | M   D   Y<br><b>1   0   1   2   1   5</b> | Amount<br><b>50.00</b>  |
| City<br><b>Shaker Heights</b>                                     | State<br><b>O   H</b>                   | Zip Code<br><b>44122</b> | Form(Cash,Check,etc)<br><b>Check</b>      |                         |

\* 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 \$ 600.00