

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Groce for Columbus Schools					
Full Name of Contributor Mary Ferris				Registration Number, if PAC	
Street Address 6057 Coventry Hurst Lane	Employer/Occupation/Labor Organization* Childhood League Center		M 10	D 07	Y 07
City Hilliard	State OH	Zip Code 43026	Form (Cash, Check, etc) Cash		Amount 20.00
Full Name of Contributor Jeff Acheson				Registration Number, if PAC	
Street Address 230 Meadowview Dr	Employer/Occupation/Labor Organization* Schneider Downs		M 10	D 07	Y 07
City Powell	State OH	Zip Code 43065	Form (Cash, Check, etc) Cash		Amount 20.00
Full Name of Contributor Russell Goodwin				Registration Number, if PAC	
Street Address 103 East First Avenue	Employer/Occupation/Labor Organization* Sales, Butler Atts LLC		M 10	D 07	Y 07
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Nicki Kraft				Registration Number, if PAC	
Street Address 46 Webster Park Avenue	Employer/Occupation/Labor Organization* Journalist		M 10	D 07	Y 07
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Kerry Sullivan-Herren				Registration Number, if PAC	
Street Address 1616 Trentwood	Employer/Occupation/Labor Organization* Product Director		M 10	D 07	Y 07
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Mary Younger				Registration Number, if PAC	
Street Address 215 East Whittier	Employer/Occupation/Labor Organization* Attorney		M 10	D 07	Y 07
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 25.00
Full Name of Contributor Leanne Chandler				Registration Number, if PAC	
Street Address 165 S Roys Ave	Employer/Occupation/Labor Organization* Ohio State University		M 10	D 07	Y 07
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc) Check		Amount 25.00

* 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

734.00

Total expenditures this event

- 0.00 -

Page Total \$ **165.00**