Event Date	10/07/07
Page	9

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 State Powell Powell Powell Full Name of Contributor State Powell Full Name of Contributor Russell Goodwin Street Address Full Name of Contributor State St	20.00		
Full Name of Coentibutor Mary Ferris Street Address 6057 Coventry Hurst Lane Childhood League Center Childhood League Center Childhood League Center Tol 07 07 07 07 07 07 07 07 07 07 07 07 07	20.00		
Mary Ferris Street Address 6057 Coventry Hurst Lane City Hilliard City Hilliard Street Address Gegistration Number, if PAC City Powell Form(Cash, Check, etc) Cash Full Name of Contributor State City Powell City Powell City State City Columbus City State City Columbus City State City Columbus Registration Number, if PAC Check Form(Cash, Check, etc) Check Form(Cash, Check, etc) Check Check Full Name of Contributor City Columbus Registration Number, if PAC	20.00		
Employer/Occupation/Labor Organization M D Y Amount	20.00		
Childhood League Center 10 07 07 107 107 107 107 107 107 107 10	20.00		
City Hilliard OH 43026 Cash Full Name of Contributor Jeff Acheson Street Address Employer/Occupation/Labor Organization* Powell OH 43065 Full Name of Contributor State Zip Code Form(Cash,Check,etc) OH 43065 Cash Powell OH 43065 Full Name of Contributor Russell Goodwin Street Address Employer/Occupation/Labor Organization* Russell Goodwin Street Address Employer/Occupation/Labor Organization* To y Amount Of Ontributor Russell Goodwin Street Address Employer/Occupation/Labor Organization* To y Amount Of Ontributor State Zip Code Form(Cash,Check,etc) Cash Registration Number, if PAC City State Zip Code Form(Cash,Check,etc) Columbus OH 43201 Check Registration Number, if PAC	20.00		
Hilliard OH			
Full Name of Contributor Jeff Acheson Street Address Employer/Occupation/Labor Organization* Amount 230 Meadowview Dr Schneider Downs Toll 07i 07i State Zip Code Form(Cash,Check,etc) Cash Full Name of Contributor Russell Goodwin Street Address Employer/Occupation/Labor Organization* Registration Number, if PAC Russell Goodwin Street Address Employer/Occupation/Labor Organization* Street Address Employer/Occupation/Labor Organization* Street Address Discret Address Employer/Occupation/Labor Organization* Street Address Employer/Occupation/Labor Organization* Street Address OH Amount O7i			
Street Address Employer/Occupation/Labor Organization* M D Y Amount			
Street Address Employer/Occupation/Labor Organization* M D Y Amount 230 Meadowview Dr Schneider Downs 10 07 07 07 07 07 07 07 07 07 07 07 07 07			
230 Meadowview Dr Schneider Downs 10 07 07			
City Powell OH 43065 Form(Cash,Check,etc) Cash Full Name of Contributor Russell Goodwin Street Address Employer/Occupation/Labor Organization* M D Y Amount 103 East First Avenue Sales, Butler Atts LLC 10 07 07 City State Zip Code Form(Cash,Check,etc) Columbus OH 43201 Check Full Name of Contributor Registration Number, if PAC			
Powell Full Name of Contributor Russell Goodwin Street Address 103 East First Avenue City Columbus Full Name of Contributor State Columbus OH 43065 Registration Number, if PAC Registration Number, if PAC Amount 104 O7 07 07 State Zip Code Form(Cash, Check, etc.) Check Full Name of Contributor Registration Number, if PAC	25.00		
Full Name of Contributor Russell Goodwin Street Address In Street Address Street Address Street Address Sales, Butler Atts LLC State City Columbus OH 43201 Registration Number, if PAC Registration Number, if PAC	25.00		
Russell Goodwin Street Address Employer/Occupation/Labor Organization* M D Y Amount 103 East First Avenue Sales, Butler Atts LLC 10 07 07 City State Zip Code Form(Cash,Check,etc) Columbus OH 43201 Check Full Name of Contributor	25.00		
Street Address Employer/Occupation/Labor Organization* M D Y Amount	25.00		
103 East First Avenue	25.00		
City State Zip Code Form(Cash,Check,etc) Columbus OH 43201 Check Full Name of Contributor Registration Number, if PAC	25.00		
Columbus OH 43201 Check Full Name of Contributor Registration Number, if PAC			
Full Name of Contributor Registration Number, if PAC			
Street Address Employer/Occupation/Labor Organization* M D Y Amount			
46 Webster Park Avenue Journalist 10 07 07	25.00		
City State Zip Code Form(Cash, Check, etc.)			
Columbus OH! 43214 Check			
Full Name of Contributor Registration Number, if PAC			
Kerry Sullivan-Herren			
Street Address Employer/Occupation/Labor Organization* M D Y Amount			
1616 Trentwood Product Director 10 07i 07i	25.00		
City State Zip Code Form(Cash,Check,etc)			
Columbus OH! 43221 Check			
Full Name of Contributor Registration Number, if PAC			
Mary Younger			
Street Address Employer/Occupation/Labor Organization* M D Y Amount			
215 East Whittier Attorney 10 07 07	25.00		
City State Zip Code Form(Cash, Cbeck, etc)			
Columbus OH 43215 Check			
Full Name of Contributor Registration Number, if PAC			
Leanne Chandler			
Street Address Employer/Occupation/Labor Organization M D Y Amount	•		
165 S Roys Ave Ohio State University 10 07 07	25.00		
City State Zip Code Form(Cash,Check,etc)			
Columbus OH 43204 Check			

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
JULI	COMP INCHIORS	uus	CYCH

734.00

Total expenditures this event

Page Total \$ 165.00

^{*} 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)]