

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Rover for UA Schools				
Full Name of Contributor Kimberly Williams			Registration Number, if PAC	
Street Address 2531 Sherwin Road	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 50.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Frank & Jana Tice			Registration Number, if PAC	
Street Address 2580 Onandaga Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 100.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Joseph & Amy Sauk			Registration Number, if PAC	
Street Address 2721 Lane Road	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 100.00
City Upper Arlington	State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Bart & Holly Witzel			Registration Number, if PAC	
Street Address 3424 Colchester Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 25.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Stephen Smith			Registration Number, if PAC	
Street Address 10 W Broad St	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 100.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Kohr			Registration Number, if PAC	
Street Address 1480 Dublin Road	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 50.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Committee to Re-Elect Judge Hummer			Registration Number, if PAC	
Street Address 4314 Donnington Rd	Employer/Occupation/Labor Organization*		M D Y 1 0 0 1 1 5	Amount 100.00
City Columbus	State O H	Zip Code 43220	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

2,475.00

Total expenditures this event

0.00

Page Total \$ 525.00