31-A
R.C. 3517.10

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Rover For UA Schools							
Full Name of Contributor						**Registration Number, if PAC**	
Nancy Strause							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2420 W Lane Ave							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Upper Arlington	O | H	43221	0|9	1|9	1|5		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Timothy Kelley							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
250 E Broad Street, Suite 1100							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43215	0|9	2|3	1|5		100.00
Full Name of Contributor						**Registration Number, if PAC**	
J Randall Schoedinger							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
229 E State St							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43215	0|9	2|9	1|5		50.00
Full Name of Contributor						**Registration Number, if PAC**	
Cheryl Allen							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
2064 Waltham Rd							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Upper Arlington	O | H	43221	0|9	0|5	1|5		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Merom & Judith Brachman							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
311 Drexel Ave							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Bexley	O | H	43209	0|9	3|0	1|5		100.00
Full Name of Contributor						**Registration Number, if PAC**	
Phillip & Cheryl Lytham							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4488 W Broad Street							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	O | H	43228	0|9	1|6	1|5		200.00
Full Name of Contributor						**Registration Number, if PAC**	
Rori Lowe							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4261 Clairmont Ct							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Upper Arlington	O | H	43220	0|9	1|5	1|5		50.00
Full Name of Contributor						**Registration Number, if PAC**	
C. David & Amy Skidmore							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3949 Farlingotn Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Upper Arlington	O | H	43220	0|9	1|0	1|5		50.00

* 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)]

Page Total $ 750.00