

31-E
R.C. 3517.10(B)

Event Date 7/26/07
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Cindy Crowe for School Board				
Full Name of Contributor Susan Freund			Registration Number, if PAC	
Street Address 6544 Collingwood Dr.	Employer/Occupation/Labor Organization*		M D Y 07 26 07	Amount 50.00
City Westerville	State OH	Zip Code 43082	Form Cash, Check, etc. Check	
Full Name of Contributor Sandra Ziegler			Registration Number, if PAC	
Street Address 727 Pepper Court	Employer/Occupation/Labor Organization*		M D Y 07 26 07	Amount 25.00
City Westerville	State OH	Zip Code 43082	Form Cash, Check, etc. Check	
Full Name of Contributor Therese Hannaford			Registration Number, if PAC	
Street Address 438 Olde Mill Dr.	Employer/Occupation/Labor Organization*		M D Y 07 26 07	Amount 30.00
City Westerville	State OH	Zip Code 43082	Form Cash, Check, etc. Check	
Full Name of Contributor Christopher F. Wanner			Registration Number, if PAC	
Street Address 1220 Churchbell Wasv	Employer/Occupation/Labor Organization*		M D Y 07 26 07	Amount 100.00
City Columbus	State OH	Zip Code 43235	Form Cash, Check, etc. Check	
Full Name of Contributor Marc Avle			Registration Number, if PAC	
Street Address 5736 Eaglesham Drive	Employer/Occupation/Labor Organization*		M D Y 07 26 07	Amount 25.00
City Westerville	State OH	Zip Code 43081	Form Cash, Check, etc. Check	
Full Name of Contributor Marlie Byrns			Registration Number, if PAC	
Street Address 5939 Torrev Pines Ave.	Employer/Occupation/Labor Organization*		M D Y 07 26 07	Amount 100.00
City Westerville	State OH	Zip Code 43082	Form Cash, Check, etc. Check	
Full Name of Contributor Andy Michel - sole. Proprietorship of Andrew Michel & Assoc.			Registration Number, if PAC	
Street Address 7650 Rivers Edge Dr.	Employer/Occupation/Labor Organization* Owner/ A. Michel & Assoc.		M D Y 07 26 07	Amount 75.00
City Columbus	State OH	Zip Code 43235	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

Total expenditures this event

Page Total \$ 405.00