

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 Steve & Stacey Mollmann			Registration Number, if PAC	
Street Address 2266 Wickliff Road	Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 1 5	Amount 75.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Steven Haxton			Registration Number, if PAC	
Street Address 3911 Tarrington Lane	Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 1 5	Amount 250.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor R.E. & Lori Schumacher			Registration Number, if PAC	
Street Address 2649 Clarion Ct	Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 1 5	Amount 50.00
City Columbus	State O H	Zip Code 43220	Form(Cash,Check,etc) Check	
Full Name of Contributor Andrew & Brooke Christman			Registration Number, if PAC	
Street Address 2470 Coventry Road	Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 1 5	Amount 150.00
City Upper Arlington	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Thomas & Mary Katzenmeyer			Registration Number, if PAC	
Street Address 448 W Nationwide Blvd, Unit 401	Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 1 5	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark & Rosanne Rosen			Registration Number, if PAC	
Street Address 17 Lyonsgate	Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 1 5	Amount 100.00
City Bexley	State O H	Zip Code 43209	Form(Cash,Check,etc) Check	
Full Name of Contributor Dareth Gerlach, Trust/ Dareth Gerlach Trustee			Registration Number, if PAC	
Street Address 2589 Onandaga Dr	Employer/Occupation/Labor Organization*		M D Y 1 0 1 2 1 5	Amount 100.00
City Upper Arlington	State O H	Zip Code 43221	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 \$ 1,225.00
