

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children				
Full Name of Contributor Patsy Thomas			Registration Number, if PAC	
Street Address 5689 Plum Orchard	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$25.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Melissa Roshan Poker			Registration Number, if PAC	
Street Address 574 Eastpointe Lakes Drive	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$3.00
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tammy Wharton			Registration Number, if PAC	
Street Address 1135 Northwood Cir	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$60.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check	
Full Name of Contributor Tammy Wharton			Registration Number, if PAC	
Street Address 1135 Northwood Cir	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$40.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Linda Kanney			Registration Number, if PAC	
Street Address 971 Washington St	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$100.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Rosa Smith			Registration Number, if PAC	
Street Address 1564 Canard Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$25.00
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Keiko Takersngawa			Registration Number, if PAC	
Street Address 1110 Libert St STE 150	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$10.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Cash	

* 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 also 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 263.00