

# 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 Frances Curtis Frazier			Registration Number, if PAC	
Street Address 3466 Bolton Ave	Employer/Occupation/Labor Organization*		M   D   Y   0   8   2   7   1   4	Amount \$100.00
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) Check	
Full Name of Contributor Julia C Smyth			Registration Number, if PAC	
Street Address 535 Park Blvd	Employer/Occupation/Labor Organization*		M   D   Y   0   8   2   7   1   4	Amount \$100.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Linda Friedman			Registration Number, if PAC	
Street Address 673 Ulverston Dr	Employer/Occupation/Labor Organization*		M   D   Y   0   8   2   7   1   4	Amount \$25.00
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Vickie L Kennedy			Registration Number, if PAC	
Street Address 1500-B Burstock Rd	Employer/Occupation/Labor Organization*		M   D   Y   0   8   2   7   1   4	Amount \$50.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Lisa A McDonald			Registration Number, if PAC	
Street Address 6013 Kenzie Ln	Employer/Occupation/Labor Organization*		M   D   Y   0   8   2   7   1   4	Amount \$100.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Judy L Sweazy			Registration Number, if PAC	
Street Address 4238 Olentangy Blvd	Employer/Occupation/Labor Organization*		M   D   Y   0   8   2   7   1   4	Amount \$200.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Wendy L Hite			Registration Number, if PAC	
Street Address 5056 Killowen Court	Employer/Occupation/Labor Organization*		M   D   Y   0   8   2   7   1   4	Amount \$100.00
City Gahanna	State OH	Zip Code 43230	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 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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ \$675.00