

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 Todd A Hite			Registration Number, if PAC	
Street Address 5056 Killowen Court	Employer/Occupation/Labor Organization*		M D Y 0 9 0 4 1 4	Amount \$35.00
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 9 0 4 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Fundraiser			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 9 0 4 1 4	Amount \$475.00
City	State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Alison R Rish			Registration Number, if PAC	
Street Address 1933 Coventry Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 0 4 1 4	Amount \$170.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kimberly Frazer			Registration Number, if PAC	
Street Address 6856 Hoover Road	Employer/Occupation/Labor Organization*		M D Y 0 9 0 4 1 4	Amount \$210.00
City Orient	State OH	Zip Code 43146	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kerry V McMurray			Registration Number, if PAC	
Street Address 25 Meadow Ln	Employer/Occupation/Labor Organization*		M D Y 0 9 0 4 1 4	Amount \$100.00
City Toledo	State OH	Zip Code 43623	Form (Cash, Check, etc.) Check	
Full Name of Contributor Betty V Faris			Registration Number, if PAC	
Street Address 2402 Sprint Cress Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 0 4 1 4	Amount \$50.00
City Grove City	State OH	Zip Code 43123	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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 1,140.00