

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 Lynn Elliott				Registration Number, if PAC	
Street Address 631 Briggs Street		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	
Full Name of Contributor Frances Curtis Frazier				Registration Number, if PAC	
Street Address 3466 Bolton Ave		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43227	Form (Cash, Check, etc.) Check	
Full Name of Contributor Catherine L Hawes				Registration Number, if PAC	
Street Address 2110 Acadia Pl		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$50.00
City Reynoldsburg		State OH	Zip Code 43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Christina C Wilson				Registration Number, if PAC	
Street Address 3812 Annette Street		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43228	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barbara J Frye				Registration Number, if PAC	
Street Address 718 S Broadleigh Rd		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$25.00
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carolyn Bradley				Registration Number, if PAC	
Street Address 519 Clark Ave		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$25.00
City Columbus		State OH	Zip Code 43223	Form (Cash, Check, etc.) Check	
Full Name of Contributor Julie Robbins				Registration Number, if PAC	
Street Address 332 Cliffside Dr		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$150.00
City Columbus		State OH	Zip Code 43202	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 \$ 550.00