Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	9/16/14
Page 6	

Name of Committee in Full	-								
Committee 4 Children									
Fell Name of Contributor					Registration Number, if PAC				
Lynn Elliott									
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount			
631 Briggs Street			0 9	2 5	1 4	\$100.00			
City	Sta te	Zip Code	Form (Ca	sh, Cher	ck, etc.)				
Columbus	OH	43206	Check						
Full Name of Contributor	· <u>-</u>		Registrat	ion Nun	nber, if P	AC			
Frances Curtis Frazier			-						
Street Address	Employer/Occupati	ion/Labor Organization*	M	D	Y	Amount			
3466 Bolton Ave				2 5	1 4	\$100.00			
City	Sta te	Zip Code	Form (Ca		ck, etc.)				
Columbus	OH	43227	Check	_					
Full Name of Contributor			Registrat	ion Nun	nber, if P	AC			
Catherine L Hawes									
Street Address 2110 Acadia Pl	Employer/Occupati	on/Labor Organization*	M	D		Amount			
	ļ	12:- 0-1-	0 9 Form (Ca	2 5	1 4	\$50.00			
City Reynoldsburg	State OH	Zip Code 43068	Check	-	ak, etc.)				
Full Name of Contributor	1 011	43000	Registration Number, if PAC		4C				
Christina C Wilson			Registrat	ton rem	1001, 11 1	AC			
Street Address	[F10	inglighted Commission 6	M	D	Υı	Amount			
3812 Annette Street	Employer/Occupation/Labor Organization*		1 1 1	2 5	1 4	\$100.00			
City	Starte	Zip Code	Form (Ca			to Silvain.			
Columbus	OH,	43228	Check		•				
Full Name of Contributor	1 0	1	Registrat	ion Nun	nber, if P	AC			
Barbara J Frye									
Street Address	Employer/Occupati	on/Labor Organization*	M D Y Amount						
718 S Broadleigh Rd			0 9	2 5	1 4	\$25.00			
City	Sta te	Zip Code	Form (Ca	sh, Chec	k, etc.)	· States of the second			
Columbus	OH	43209	Check						
Full Name of Contributor			Registrat	ion Nun	aber, if P	AC			
Carolyn Bradley									
Street Address	Employer/Occupati	on/Labor Organization*	M	2 5	Y	Amount \$25.00			
519 Clark Ave			0 9			\$23.00			
City Columbus	Sta'te OH	Zip Code 43223	Form (Ca Check	sh, Chec	ck, etc.)				
	OH	43223	i	Registration Number, if PAC					
Full Name of Contributor Julie Robbins			Kegistrat	ion Nun	noer, it P	AC			
Street Address	le ,		 M	D	ν,	Amount			
332 Cliffside Dr	Employer/Occupati	on/Labor Organization*	1 1 1	2 5	1 4	\$150.00			
City	Sta te	Zip Code	Form (Ca		i				
Columbus	OH	43202	Check	,	,/				
Required for contributions from individuals over \$100 to statewid	1	mbly candidates. If contributor	is self-empl	oved t	he occu	nation and the name of			

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				
	ı			
	\$0.00			
l				

Total expenditures this event.

ı	
\$0.0	0

the individual's business, if any, rather than employer should be fisted. 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)]