

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 Samuel A Moore			Registration Number, if PAC	
Street Address 2283 Buttercup Ln	Employer/Occupation/Labor Organization*		M 0 7 1 7 1 4	Amount \$150.00
City Grove City	State OH	Zip Code 43123	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles M Spinning			Registration Number, if PAC	
Street Address 115 W Jamestown St	Employer/Occupation/Labor Organization*		M 0 7 1 7 1 4	Amount \$150.00
City South Charleston	State OH	Zip Code 45368	Form (Cash, Check, etc.) Check	
Full Name of Contributor Wayne M Lane			Registration Number, if PAC	
Street Address 7319 Bridlespur Lane	Employer/Occupation/Labor Organization*		M 0 7 1 7 1 4	Amount \$150.00
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Check	
Full Name of Contributor Golden & Meizlish Co., L.P.A.			Registration Number, if PAC	
Street Address 923 East Broad Street	Employer/Occupation/Labor Organization*		M 0 7 1 7 1 4	Amount \$120.00
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) Check	
Full Name of Contributor Fundraiser			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0 7 1 7 1 4	Amount \$150.00
City	State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Friends of Marilyn Brown			Registration Number, if PAC	
Street Address 550 East Walnut Street	Employer/Occupation/Labor Organization*		M 0 8 0 4 1 4	Amount \$120.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Pomegranate Health Systems			Registration Number, if PAC	
Street Address 765 Pierce Drive	Employer/Occupation/Labor Organization*		M 0 8 0 4 1 4	Amount \$120.00
City Columbus	State OH	Zip Code 43223	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 \$ 960.00