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

Event Date	7/14/14	
Page 5		

Name of Committee in Full							
Committee 4 Children					_	-	
Full Name of Contributor				Registration Number, if PAC			
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Street Address	Employer/Occurs	ation/Labor Organization*	— Н	10	T Vi	Amount	
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City	Sta te	Zip Code	<u>-</u>	Cash, Ch	1		
Columbus	OH	43207	Check				
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	Employer/Occupa	ation/Labor Organization*					
City	Stal te OH	Zip Code	Form (C	Cash, Che	eck, etc.)		
Required for contributions from individuals over	\$100 to statewide and General Ass	sembly candidates. If contribu	tor is self-em	ployed.	the occ	upation 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	
\$6,500.00	

Total expenditures this event.

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\$5,696.97	
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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)]