

# 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 Phyllis Withers			Registration Number, if PAC	
Street Address 4370 Glengod Drive	Employer/Occupation/Labor Organization*		M 0	D 9
City Grove City	State OH	Zip Code 43123	Y 4	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Doris Calloway Moore				
Registration Number, if PAC				
Street Address 883 Schillingwood Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna	State OH	Zip Code 43230	Y 4	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Susan M Missler				
Registration Number, if PAC				
Street Address 1285 E Cooke Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43214	Y 4	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Henry J Merce				
Registration Number, if PAC				
Street Address 4701 Ranier Ct	Employer/Occupation/Labor Organization*		M 0	D 9
City Sylvania	State OH	Zip Code 43560	Y 4	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Richard A Kern				
Registration Number, if PAC				
Street Address 141 E Torrence Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43214	Y 4	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Belinda S Jones				
Registration Number, if PAC				
Street Address 3639 Lakestone Cir	Employer/Occupation/Labor Organization*		M 0	D 9
City Hilliard	State OH	Zip Code 43026	Y 4	Amount \$50.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Matthew Gill				
Registration Number, if PAC				
Street Address 6725 Collingwood Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Westerville	State OH	Zip Code 43082	Y 4	Amount \$100.00
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 \$ 500.00