

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Event Date 9/6/14

Page 1

Name of Committee in Full <b>Committee 4 Children</b>					
Full Name of Contributor <b>Ruth M Cavin</b>				Registration Number, if PAC	
Street Address <b>1312 Crestwood Ave</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43227</b>	0   9   2   5   1   4	\$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor <b>Deborah Boho</b>					
Street Address <b>8693 Brenstuhl Park Dr</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City <b>Blacklick</b>		State <b>OH</b>	Zip Code <b>43004</b>	0   9   2   5   1   4	\$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor <b>Doris Calloway Moore</b>					
Street Address <b>883 Schillingwood Dr</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	0   9   2   5   1   4	\$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor <b>Christina C Wilson</b>					
Street Address <b>3812 Annette Street</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43228</b>	0   9   2   5   1   4	\$45.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor <b>Doris Calloway Moore</b>					
Street Address <b>883 Schillingwood Dr</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	0   9   2   5   1   4	\$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor <b>Deanne E Payne</b>					
Street Address <b>1330 Rothingham Ln</b>		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43229</b>	0   9   2   5   1   4	\$55.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor <b>Fundraiser</b>					
Street Address		Employer/Occupation/Labor Organization*		M   D   Y	Amount
City		State <b>OH</b>	Zip Code	0   9   2   5   1   4	\$485.00
Form (Cash, Check, etc.) Cash					

\* 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

Total expenditures this event.

\$710.00

\$0.00

Page Total \$ 710.00