

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 Vank Mathews				Registration Number, if PAC	
Street Address 1178 Matterhorn Dr		Employer/Occupation/Labor Organization*		M 0	D 9
City Reynoldsburg		State OH	Zip Code 43068	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Lori Ann Feibel				Registration Number, if PAC	
Street Address 363 S Drexel Ave		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Marlene R Miller				Registration Number, if PAC	
Street Address 3040 Elbern Ave		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Barbara Benham				Registration Number, if PAC	
Street Address 5193 Brandon Way Ct		Employer/Occupation/Labor Organization*		M 0	D 9
City Dublin		State OH	Zip Code 43017	Y 1	Amount \$150.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor ML Lambert				Registration Number, if PAC	
Street Address 12784 Bentwood Farms Dr		Employer/Occupation/Labor Organization*		M 0	D 9
City Pickerington		State OH	Zip Code 43147	Y 1	Amount \$50.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Karin S Wurapa				Registration Number, if PAC	
Street Address 7171 Pleasant Colony Cir		Employer/Occupation/Labor Organization*		M 0	D 9
City Blacklick		State OH	Zip Code 43004	Y 1	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Joy L Bivens				Registration Number, if PAC	
Street Address 4985 Doral Ave		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43213	Y 1	Amount \$35.00
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 \$ 885.00