

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 Linda McKnight				Registration Number, if PAC	
Street Address 2199 Jarrow Dr		Employer/Occupation/Labor Organization*		M 0	D 7
				Y 2	Amount \$50.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Paypal	
Full Name of Contributor Don Van Meter					
Street Address 530 Cardinal Hill Lane		Employer/Occupation/Labor Organization*		M 0	D 7
				Y 1	Amount \$20.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) Paypal	
Full Name of Contributor Don Van Meter					
Street Address 530 Cardinal Hill Lane		Employer/Occupation/Labor Organization*		M 0	D 7
				Y 1	Amount \$20.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) Paypal	
Full Name of Contributor Abdikhyr Soofe					
Street Address 3297 Gatewood Court		Employer/Occupation/Labor Organization*		M 0	D 7
				Y 1	Amount \$125.00
City Columbus		State OH	Zip Code 43219	Form (Cash, Check, etc.) Paypal	
Full Name of Contributor Carol Morrison					
Street Address 15562 David Road		Employer/Occupation/Labor Organization*		M 0	D 7
				Y 2	Amount \$50.00
City Mount Sterling		State OH	Zip Code 43143	Form (Cash, Check, etc.) Paypal	
Full Name of Contributor Jeremiah Hoffer III					
Street Address 3301 Shoal Creek Lane Apt D		Employer/Occupation/Labor Organization*		M 0	D 7
				Y 2	Amount \$50.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) Paypal	
Full Name of Contributor Kin Finley					
Street Address 5938 Broomwood Loop S		Employer/Occupation/Labor Organization*		M 0	D 7
				Y 3	Amount \$50.00
City Columbus		State OH	Zip Code 43230	Form (Cash, Check, etc.) Paypal	

* 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.

\$0.00

\$0.00

Page Total \$ 365.00