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

Event Date_9/16/14	
Page 5	

Prescribed by Secretary of State 03/0

Name of Committee in Full				
Committee 4 Children				
Full Name of Contributor	······································		Registration Number, if I	14.0
Linda D Craig			Registration Number, if F	AC
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
5944 Shana Dr	ampio, or occupance organization		0 9 2 5 1 4	\$25.00
City	Sta'te	Zip Code	Form (Cash, Check, etc.)	C. C. C.
Columbus	OH	43232	Check	
Full Name of Contributor			Registration Number, if I	AC
June K Gutterman	· · ·		M D Y	<u> </u>
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount \$250.00
7995 Bluefield Street		15.01	0 9 2 5 1 4	\$250.00
City Const Winghouter	OH Stalte	Zip Code	Form (Cash, Check, etc.) Check	44.00
Canal Winchester Full Name of Contributor	Un	43110	Registration Number, if F	
Mary Ann Singer			Kegisiation Number, it is	AC
Street Address	le i o		M D Yı	Amount
300 W Spring St STE 403	Employer/Occupa	ation/Labor Organization*	0 9 2 5 1 4	\$200.00
City	Sta' te	Zip Code	Form (Cash, Check, etc.)	13. Hww.
Columbus	ОН	43215	Check	
Full Name of Contributor			Registration Number, if F	AC
Megan L Hopkins				
Street Address	Employer/Occupa	ation/Labor Organization*	M D Y	Amount
1422 Oakbourne Drive			0 9 2 5 1 4	\$25.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Columbus	OH	43235	Check	
Full Name of Contributor Martha K Renda			Registration Number, if F	AC
Street Address 1605 Jackson Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$10.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)	1 .
Columbus	OH	43223	Check	2.3
Full Name of Contributor The Saunders Company LLC		Registration Number, if PAC		
Street Address 13367 Calhoun St STE 1A	Employer/Occup	ation/Labor Organization*	0 9 2 5 1 4	Amount \$150.00
	8.7.	[7:: 6:T]	Form (Cash, Check, etc.)	
City Pickerington	OH.	Zip Code 43147	Check	
Full Name of Contributor Katherine Wolford			Registration Number, if F	AC
Street Address 142 Action Rd	Employer/Occup	ation/Labor Organization*	0 9 2 5 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	1
	00 to statewide and General As		صوم مراي اورينواسيس كالمراجعين	-stice 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 expenditures this event.

Total contribution	ons this event
--------------------	----------------

\$0.00

1 1		
\$0.00		
Ψ0.00	Page Total S	\$760.00
	1 Page Intal S	

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)]