

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>				
Full Name of Contributor <b>Linda D Craig</b>			Registration Number, if PAC	
Street Address <b>5944 Shana Dr</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   9   2   5   1   4</b>	Amount <b>\$25.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43232</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>June K Gutterman</b>			Registration Number, if PAC	
Street Address <b>7995 Bluefield Street</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   9   2   5   1   4</b>	Amount <b>\$250.00</b>
City <b>Canal Winchester</b>	State <b>OH</b>	Zip Code <b>43110</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Mary Ann Singer</b>			Registration Number, if PAC	
Street Address <b>300 W Spring St STE 403</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   9   2   5   1   4</b>	Amount <b>\$200.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Megan L Hopkins</b>			Registration Number, if PAC	
Street Address <b>1422 Oakbourne Drive</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   9   2   5   1   4</b>	Amount <b>\$25.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43235</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Martha K Renda</b>			Registration Number, if PAC	
Street Address <b>1605 Jackson Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   9   2   5   1   4</b>	Amount <b>\$10.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43223</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>The Saunders Company LLC</b>			Registration Number, if PAC	
Street Address <b>13367 Calhoun St STE 1A</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   9   2   5   1   4</b>	Amount <b>\$150.00</b>
City <b>Pickerington</b>	State <b>OH</b>	Zip Code <b>43147</b>	Form (Cash, Check, etc.) <b>Check</b>	
Full Name of Contributor <b>Katherine Wolford</b>			Registration Number, if PAC	
Street Address <b>142 Action Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y   <b>0   9   2   5   1   4</b>	Amount <b>\$100.00</b>
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	Form (Cash, Check, etc.) <b>Check</b>	

\* 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 \$ **\$760.00**