

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 Edith R Garlikov			Registration Number, if PAC	
Street Address 41 S High St STE 2710	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Janet E Jackson			Registration Number, if PAC	
Street Address 2865 Castlewood Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Helen M Ninos			Registration Number, if PAC	
Street Address 891 Dark Star Ave	Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna	State OH	Zip Code 43230	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Janet Green Marbley			Registration Number, if PAC	
Street Address 3796 Bentworth Ln	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43230	Y 2	Amount \$75.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor G.L. Peterson			Registration Number, if PAC	
Street Address 4132 Berrybush Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna	State OH	Zip Code 43230	Y 2	Amount \$100.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Montra Moody			Registration Number, if PAC	
Street Address 5917 Lakemont Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Westerville	State OH	Zip Code 43081	Y 2	Amount \$25.00
Form (Cash, Check, etc.) Check				
Full Name of Contributor Andrea S Esselman			Registration Number, if PAC	
Street Address 1712 Harrington Dr	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43229	Y 2	Amount \$20.00
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 \$ 670.00