

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 Kathleen P Murphy			Registration Number, if PAC	
Street Address 2416 Southway Dr	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$250.00
Full Name of Contributor Sue Ann Goetz Doody			Registration Number, if PAC	
Street Address 2155 Yorkshire Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43221	Y 0	Amount \$250.00
Full Name of Contributor Anne J Jeffrey			Registration Number, if PAC	
Street Address 296 Ashbourne Pl	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$250.00
Full Name of Contributor Community Shelter Board			Registration Number, if PAC	
Street Address 111 Liberty Street, STE 150	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$250.00
Full Name of Contributor Les Wright & Associates			Registration Number, if PAC	
Street Address 2268 Liston Ave	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43207	Y 0	Amount \$250.00
Full Name of Contributor Janet E Jackson			Registration Number, if PAC	
Street Address 2865 Castlewood Rd	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43209	Y 0	Amount \$250.00
Full Name of Contributor Friends of Marilyn Brown			Registration Number, if PAC	
Street Address 550 East Walnut Street	Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus	State OH	Zip Code 43215	Y 0	Amount \$250.00

* 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 \$ 1,750.00