

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 Dr. Sathapper			Registration Number, if PAC	
Street Address 765 Pierce Dr	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 4	Amount \$40.00
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Kevin Jenkins			Registration Number, if PAC	
Street Address 1282 Fairway Dr NE	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 4	Amount \$220.00
City New Philadelphia	State OH	Zip Code 44663	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Fundraiser			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 4	Amount \$100.00
City	State OH	Zip Code	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Peter P Stevens			Registration Number, if PAC	
Street Address 8383 Gleneagles Ct	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 4	Amount \$600.00
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Keith R Roberts			Registration Number, if PAC	
Street Address 5300 Castle Pines Ln	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 4	Amount \$150.00
City Knoxville	State OH	Zip Code 37920	Form (Cash, Check, etc.) Check	
Full Name of Contributor Bruce Cadwallader			Registration Number, if PAC	
Street Address 8549 Warriner Way	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 4	Amount \$150.00
City Canal Winchester	State OH	Zip Code 43110	Form (Cash, Check, etc.) Check	
Full Name of Contributor Fundraiser			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 0 7 1 7 1 4	Amount \$600.00
City	State OH	Zip Code	Form (Cash, Check, etc.) Cash	

* 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 \$ **\$1,860.00**