

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 Fundraiser			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9
			Y 0	Amount \$195.00
City	State OH	Zip Code	1	4
			Form (Cash, Check, etc.) Cash	
Full Name of Contributor Kim Finley			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9
PO Box 3113			Y 0	Amount \$65.00
City	State OH	Zip Code	1	4
Westerville		43086	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nicole Russell-Washington			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9
8067 Harvestmoon Dr			Y 0	Amount \$50.00
City	State OH	Zip Code	1	4
Reynoldsburg		43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Barbara J Ingram			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9
2041 Seddington Ct			Y 0	Amount \$85.00
City	State OH	Zip Code	1	4
Dublin		43016	Form (Cash, Check, etc.) Check	
Full Name of Contributor Nicole Russell-Washington			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9
8067 Harvestmoon Dr			Y 0	Amount \$150.00
City	State OH	Zip Code	1	4
Reynoldsburg		43068	Form (Cash, Check, etc.) Check	
Full Name of Contributor Charles E Perotti			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9
5849 Kingham Park			Y 0	Amount \$100.00
City	State OH	Zip Code	1	4
Dublin		43017	Form (Cash, Check, etc.) Check	
Full Name of Contributor Jennifer Palia Hamilton			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9
3322 Hung Club Rd N			Y 0	Amount \$50.00
City	State OH	Zip Code	1	4
Westerville		43081	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 \$ 695.00