

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 The Daimler Group, Inc.				Registration Number, if PAC	
Street Address 1533 Lake Shore Drive		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43204	Y 0	Amount \$120.00
Full Name of Contributor A New Leaf Inc				Registration Number, if PAC	
Street Address PO Box 615		Employer/Occupation/Labor Organization*		M 0	D 7
City Kingston		State OH	Zip Code 45644	Y 0	Amount \$120.00
Full Name of Contributor A New Leaf Inc				Registration Number, if PAC	
Street Address PO Box 615		Employer/Occupation/Labor Organization*		M 0	D 7
City Kingston		State OH	Zip Code 45644	Y 0	Amount \$600.00
Full Name of Contributor Jed Morison				Registration Number, if PAC	
Street Address 2572 Brentwood Rd		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43209	Y 0	Amount \$120.00
Full Name of Contributor Reyahd D Kazmi				Registration Number, if PAC	
Street Address 670 W Wayman St - Apt 1406		Employer/Occupation/Labor Organization*		M 0	D 7
City Chicago		State IL	Zip Code 60661	Y 0	Amount \$720.00
Full Name of Contributor Kay B Marshall				Registration Number, if PAC	
Street Address 288 Mimring Rd		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43202	Y 0	Amount \$300.00
Full Name of Contributor Anthony L Brown				Registration Number, if PAC	
Street Address 643 Crossing Creek S		Employer/Occupation/Labor Organization*		M 0	D 7
City Gahanna		State OH	Zip Code 43230	Y 0	Amount \$300.00

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 2,280.00