

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 Margaret O Rotolo				Registration Number, if PAC	
Street Address 1690 Merrick Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43212	Amount \$50.00		
Full Name of Contributor Sherry L Wakely				Registration Number, if PAC	
Street Address 562 Dowling Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Ashley	State OH	Zip Code 43103	Amount \$50.00		
Full Name of Contributor Katherine A Gatch				Registration Number, if PAC	
Street Address 502 Helmbright Dr	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Gahanna	State OH	Zip Code 43230	Amount \$100.00		
Full Name of Contributor Elizabeth Crabtree				Registration Number, if PAC	
Street Address 150 S Roys Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43204	Amount \$100.00		
Full Name of Contributor Monique D McCrystal				Registration Number, if PAC	
Street Address 470 Siebert St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City Columbus	State OH	Zip Code 43206	Amount \$50.00		
Full Name of Contributor Fundraiser				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 8	Y 2
City	State OH	Zip Code	Amount \$100.00		
Full Name of Contributor Henry J Merce				Registration Number, if PAC	
Street Address 4701 Ranier Ct	Employer/Occupation/Labor Organization*		M 0	D 9	Y 0
City Sylvania	State OH	Zip Code 43560	Amount \$175.00		

* 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 \$ 625.00