

# 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 Ohio State Schools of Cosmetology				Registration Number, if PAC	
Street Address 1720 East Broad Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43203	Y 1	Amount \$114.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Retirement Plans Inc					
Street Address 635 Park Meadow Rd STE 108		Employer/Occupation/Labor Organization*		M 0	D 9
City Westerville		State OH	Zip Code 43081	Y 1	Amount \$160.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jay Zollars					
Street Address 1515 Bethel Road		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43220	Y 1	Amount \$100.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Mary T Day					
Street Address 516 Portland Way South		Employer/Occupation/Labor Organization*		M 0	D 9
City Galion		State OH	Zip Code 44833	Y 1	Amount \$144.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Maureen Bosart					
Street Address 3126 Melbury Dr		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43221	Y 1	Amount \$35.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Margaret O Rotolo					
Street Address 1690 Merrick Rd		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43212	Y 1	Amount \$25.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Lynn Sowards					
Street Address 7341 Claddaugh Lane		Employer/Occupation/Labor Organization*		M 0	D 9
City Dublin		State OH	Zip Code 43016	Y 1	Amount \$50.00
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 \$ 628.00