

# 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 Michelle Gatchell			Registration Number, if PAC		
Street Address 7917 W Orange Avenue	Employer/Occupation/Labor Organization*		M 0	D 7	Y 3114
City Delaware	State OH	Zip Code 43015	Form (Cash, Check, etc.) Paypal		Amount \$50.00
Full Name of Contributor Debbie Hodgson			Registration Number, if PAC		
Street Address 1118 Northwood Circle	Employer/Occupation/Labor Organization*		M 0	D 7	Y 3014
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Paypal		Amount \$50.00
Full Name of Contributor Elisha Congelosi			Registration Number, if PAC		
Street Address 5993 Ruhley Way	Employer/Occupation/Labor Organization*		M 0	D 7	Y 3014
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Paypal		Amount \$50.00
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount
Full Name of Contributor			Registration Number, if PAC		
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

\* 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

Total expenditures this event.

\$2,435.00

\$1,724.90

Page Total \$ 150.00