

# 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 Maureen Bosart			Registration Number, if PAC	
Street Address 3126 Melbury Dr	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   7   1   4	Amount \$50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kara M Newbury			Registration Number, if PAC	
Street Address 2100 Lee Hwy Apt 148	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   7   1   4	Amount \$150.00
City Arlington	State VA	Zip Code 22201	Form (Cash, Check, etc.) Check	
Full Name of Contributor Kay B Marshall			Registration Number, if PAC	
Street Address 288 Mimring Rd	Employer/Occupation/Labor Organization*		M   D   Y 0   8   0   7   1   4	Amount \$100.00
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) Check	
Full Name of Contributor Warriett Savage III			Registration Number, if PAC	
Street Address 232 Chaucer Ct	Employer/Occupation/Labor Organization*		M   D   Y 0   8   2   7   1   4	Amount \$50.00
City Worthington	State OH	Zip Code 43085	Form (Cash, Check, etc.) Check	
Full Name of Contributor Allison R Rish			Registration Number, if PAC	
Street Address 1933 Coventry Rd	Employer/Occupation/Labor Organization*		M   D   Y 0   8   2   7   1   4	Amount \$50.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Erin K Stemm			Registration Number, if PAC	
Street Address 197 Binns Blvd	Employer/Occupation/Labor Organization*		M   D   Y 0   8   2   7   1   4	Amount \$50.00
City Columbus	State OH	Zip Code 43320	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sherry L Wakely			Registration Number, if PAC	
Street Address 562 Dowling Ave	Employer/Occupation/Labor Organization*		M   D   Y 0   8   2   7   1   4	Amount \$50.00
City Ashville	State OH	Zip Code 43103	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 \$ 500.00