

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 Concilla				Registration Number, if PAC	
Street Address 4041 Fairfax Dr		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43220	Y 0	Amount \$85.00
Full Name of Contributor Jeremiah A. Hoffer III				Registration Number, if PAC	
Street Address 3301 Shoal Creek Ln Apt D		Employer/Occupation/Labor Organization*		M 0	D 9
City Hilliard		State OH	Zip Code 43026	Y 0	Amount \$75.00
Full Name of Contributor Bake Me Happy LLC				Registration Number, if PAC	
Street Address 651 Wiltshire Rd		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43204	Y 0	Amount \$100.00
Full Name of Contributor Tammy Wharton				Registration Number, if PAC	
Street Address 1135 Northwood Cir		Employer/Occupation/Labor Organization*		M 0	D 9
City New Albany		State OH	Zip Code 43054	Y 0	Amount \$190.00
Full Name of Contributor The DuBose Law Firm LLC				Registration Number, if PAC	
Street Address 20 S 3rd St, STE 210		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$25.00
Full Name of Contributor Bricker & Eckler LLP				Registration Number, if PAC	
Street Address 100 S Third Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 0	Amount \$500.00
Full Name of Contributor Mighty Crow Media LLC				Registration Number, if PAC	
Street Address 13559 Capetown Ave		Employer/Occupation/Labor Organization*		M 0	D 9
City Pickerington		State OH	Zip Code 43147	Y 0	Amount \$250.00

* 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 \$ **\$1,225.00**