

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 D Cramer				Registration Number, if PAC	
Street Address 8247 McKittrick Rd		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$100.00
City Plain City		State OH	Zip Code 43064	Form (Cash, Check, etc.) Check	
Full Name of Contributor Cynthia J Byington				Registration Number, if PAC	
Street Address 1346 W Second Ave		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor DL Mack				Registration Number, if PAC	
Street Address 1489 Firwood Dr		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$50.00
City Columbus		State OH	Zip Code 43229	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carol L Patzkowsky				Registration Number, if PAC	
Street Address 303 E Lincoln Ave		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$15.00
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) Check	
Full Name of Contributor Laura J Matney				Registration Number, if PAC	
Street Address 6354 Friars Green Ln		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$50.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Doreen Y Delaney				Registration Number, if PAC	
Street Address 5264 Rosaling Blvd		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$200.00
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) Check	
Full Name of Contributor Monica E Hawkins				Registration Number, if PAC	
Street Address 2814 Kingsrowe Ct		Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$100.00
City Columbus		State OH	Zip Code 43209	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 \$ \$615.00