

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 Fundraiser				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	2	\$75.00
City	State	Zip Code		Form (Cash, Check, etc.)			
	OH			Cash			
Full Name of Contributor Joyce R Shenk				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
264 N Drexel Ave				0	9	2	\$250.00
City	State	Zip Code		Form (Cash, Check, etc.)			
Columbus	OH	43209		Check			
Full Name of Contributor Sue Ann Goetz Doody				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
2155 Yorkshire Rd				0	9	2	\$250.00
City	State	Zip Code		Form (Cash, Check, etc.)			
Columbus	OH	43221		Check			
Full Name of Contributor Sophia Coma				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
68 1/2 E Hubbard Ave				0	9	2	\$100.00
City	State	Zip Code		Form (Cash, Check, etc.)			
Columbus	OH	43215		Check			
Full Name of Contributor Mohawk Properties				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
17 Brickel St				0	9	2	\$100.00
City	State	Zip Code		Form (Cash, Check, etc.)			
Columbus	OH	43215		Check			
Full Name of Contributor Wendy C Arlin				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
7251 Waterston PL				0	9	2	\$100.00
City	State	Zip Code		Form (Cash, Check, etc.)			
New Albany	OH	43054		Check			
Full Name of Contributor E Dibella				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
695 N High St #225				0	9	2	\$50.00
City	State	Zip Code		Form (Cash, Check, etc.)			
Columbus	OH	43215		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 \$

\$925.00