Statement of Contributions Received at a Social or Fund-Raising Event

Event Date	9/16/14	
Page 13		

Name of Committee in Full					
Committee 4 Children Full Name of Contributor					
Fundraiser			Registration Number, if	PAC	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		Amount	
		Ū	0 9 2 5 1 4	\$75.00	
City	Staj te OH	Zip Code	Form (Cash, Check, etc.) Cash		
Full Name of Contributor	1 011		Registration Number, if	PAC	
Joyce R Shenk			Acgustation Number, in	TAC	
Street Address	Employer/Occup	ation/Labor Organization*	M D Y	Amount	
264 N Drexel Ave		Campagor Coccepanda Labor Organization			
City	Sta te	Zip Code	0 9 2 6 1 4 Form (Cash, Check, etc.)	3	
Columbus	OH	43209	Check		
Full Name of Contributor			Registration Number, if PAC		
Sue Ann Goetz Doody	····				
Street Address 2155 Yorkshire Rd	Employer/Occup	Employer/Occupation/Labor Organization*		Amount	
			0 9 2 6 1 4	\$250.00	
City Columbus	State	Zip Code	Form (Cash, Check, etc.)	A A CONTRACTOR	
Full Name of Contributor	OH	OH 43221		Check	
Sophia Coma			Registration Number, if I	PAC	
Street Address	1		M D Y		
68 1/2 E Hubbard Ave		Employer/Occupation/Labor Organization*		Amount \$100.00	
City	State	Zip Code	Form (Cash, Check, etc.)	7	
Columbus	OH	43215	Check		
Full Name of Contributor Mohawk Properties			Registration Number, if i	PAC	
Street Address 17 Brickel St	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount \$100.00	
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	Check		
Full Name of Contributor Wendy C Arlin			Registration Number, if F		
Street Address 7251 Waterston PL	Employer/Occupa	Employer/Occupation/Labor Organization*		Апони \$100.00	
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) Check		
Full Name of Contributor E Dibella			Registration Number, if P	AC	
Street Address 695 N High St #225	Employer/Occupa	Employer/Occupation/Labor Organization*		Amount \$50.00	
City Columbus	Starte OH	Zip Code 43215	Form (Cash, Check, etc.) Check	12/2/2	

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	
Ψ0.00 	ĺ

Total expenditures this event.

\$0.00

\$925.00 Page Total \$

^{*} 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)]