

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 Deborah Price				Registration Number, if PAC	
Street Address 2065 Tremont Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor MJ Green					
Street Address 144 W Main St		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Elaine S Moody					
Street Address 3681 Sunbury Rd		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43219	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Darci L Congrove					
Street Address 756 Jaeger St		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 0	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Nancy Kingsley Trust					
Street Address 2361 Clifton Ave		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code	Y 0	Amount \$500.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Teresa L McWain					
Street Address 1076 Marland Dr N		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43224	Y 2	Amount \$250.00
Form (Cash, Check, etc.) Check					
Full Name of Contributor Jodella L Doneghy					
Street Address 2144 Water Crest Ln		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43209	Y 2	Amount \$25.00
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 \$ 1,775.00