

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 Sarah D Levels			Registration Number, if PAC	
Street Address 2567 Ashley Meadow Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) Check	
Full Name of Contributor Sylvia Kendrick			Registration Number, if PAC	
Street Address 6702 Red Sunset Pl	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$100.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Donotos			Registration Number, if PAC	
Street Address 935 Taylor Station Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$250.00
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Carried by the Bag, LLC			Registration Number, if PAC	
Street Address 4449 Easton Way	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$75.00
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) Check	
Full Name of Contributor Choice Network Inc			Registration Number, if PAC	
Street Address 1248 Grandview Ave STE B	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$150.00
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) Check	
Full Name of Contributor Paula Brooks Committee			Registration Number, if PAC	
Street Address 545 East Town Street	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$250.00
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Betty J Pinkney			Registration Number, if PAC	
Street Address 3166 Berkley Point Dr	Employer/Occupation/Labor Organization*		M D Y 0 9 2 5 1 4	Amount \$40.00
City Columbus	State OH	Zip Code 43230	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 \$ 965.00