

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 Elizabeth Heyer			Registration Number, if PAC	
Street Address 2409 Plymouth Ave	Employer/Occupation/Labor Organization*		M 0	D 9
City Bexley	State OH	Zip Code 43209	Y 2	Amount \$50.00
Full Name of Contributor Jane A Rumora			Registration Number, if PAC	
Street Address 390 Gender Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City Canal Winchester	State OH	Zip Code 43110	Y 2	Amount \$100.00
Full Name of Contributor Elizabeth E Hall			Registration Number, if PAC	
Street Address 67 West 109th St APT A	Employer/Occupation/Labor Organization*		M 0	D 9
City New York	State NY	Zip Code 10025	Y 2	Amount \$200.00
Full Name of Contributor Clarence S Ball			Registration Number, if PAC	
Street Address 1344 Kelton Ave	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43206	Y 2	Amount \$50.00
Full Name of Contributor MJ Green			Registration Number, if PAC	
Street Address 155 W Main St	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43215	Y 2	Amount \$500.00
Full Name of Contributor Stephanie LO Tresso-Celebreeze			Registration Number, if PAC	
Street Address 368 W 2nd Ave	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43201	Y 2	Amount \$75.00
Full Name of Contributor Ericka C Jones			Registration Number, if PAC	
Street Address 63 S Harding Rd	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43209	Y 2	Amount \$100.00

* 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

Total expenditures this event.

\$0.00

\$0.00

Page Total \$ 1,075.00