

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 Barbara J Watkins | | | | Registration Number, if PAC | |
| Street Address 1677 Roseview Dr | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Columbus | | State OH | Zip Code 43209 | Y 2 | Amount \$25.00 |
| Full Name of Contributor Nicole E Dunn | | | | Registration Number, if PAC | |
| Street Address 4281 Sal's Nook Dr | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City New Albany | | State OH | Zip Code 43054 | Y 2 | Amount \$100.00 |
| Full Name of Contributor Stacy A Emerl | | | | Registration Number, if PAC | |
| Street Address 8284 Flagg View Dr | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Powell | | State OH | Zip Code 43065 | Y 2 | Amount \$100.00 |
| Full Name of Contributor Darci L Congrove | | | | Registration Number, if PAC | |
| Street Address 756 Jaeger St | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Columbus | | State OH | Zip Code 43206 | Y 2 | Amount \$250.00 |
| Full Name of Contributor Miranda Morgan | | | | Registration Number, if PAC | |
| Street Address 8267 Flagg View Dr | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Powell | | State OH | Zip Code 43065 | Y 2 | Amount \$40.00 |
| Full Name of Contributor Susan Rector | | | | Registration Number, if PAC | |
| Street Address 67 E Deshler Ave | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Columbus | | State OH | Zip Code 43206 | Y 2 | Amount \$100.00 |
| Full Name of Contributor Ruth McNeil | | | | Registration Number, if PAC | |
| Street Address 1494 Lafayette Dr APT B | | Employer/Occupation/Labor Organization* | | M 0 | D 9 |
| City Upper Arlington | | State OH | Zip Code 43220 | Y 2 | Amount \$25.00 |

* 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

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ \$640.00