Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event Date	9/16/14
Page 14	

Name of Committee in Full	- <u>, ,-</u>					·· - · ·· · · · ·		
Committee 4 Children								
Full Name of Contributor				Registration Number, if PAC				
Fundraiser								
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount		
			1 0	1 0	1 !	\$36.00		
City	Sta te	Zip Code	1 '	Cash, Che	cck, etc.)	经验证		
	OH		Cash					
Full Name of Contributor				ation Nu	mber, if I	PAC		
Donna James Street Address			M	1 =:	7			
1 Miranova Place STE 1040	Employer/Occupa	Employer/Occupation/Labor Organization*		0 6	1 4	Amount \$250.00		
City	Sta`te	Zip Code		1 '	ck, etc.)	0200:00		
Columbus	OH	43215	Payp		· · · · · · · · · · · · · · · · · · ·	4 157		
Full Name of Contributor	, 0	102.0			mber, if i	AC		
treet Address Employer/Occupation/Labor Organization*		ation/Labor Organization*	M	P	Y	Amount		
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)			
	OH	. I						
Full Name of Contributor			Registr	ation Nu	mber, if I	AC		
Street Address	le 1 6		M	ΤD	T vi	Amount		
Sacci Addices	Employer/Occupa	ation/Labor Organization*				Alicent		
City	Sta te	Zip Code	Form (C	ash, Che	eck, etc.)			
	ОН							
Full Name of Contributor			Kegistr	auon Nu	mber, if I	AC		
Street Address	Employer/Occupation/Labor Organization*		М	D	Y	Amount		
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)	- 1500 ATT		
	OH.							
Full Name of Contributor	Registration Number, if PAC							
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y _i	Amount		
	Zanjaoy da Octobra	original and the second						
City	Stal te	Zip Code	Form (C	ash, Che	ck, etc.)	在外籍17 第一日		
	OH,							
Full Name of Contributor			Registration Number, if PAC					
Street Address	E1	wise the beautiful and the second	M	D.	V _i	Amount		
WH VA 1 6000 600	Employer/Occup:	ation/Labor Organization*	"]					
City	Sta te	Zip Code	Form (C	ash, Che	ck, etc.)			
	ОН							
* Required for contributions from individuals over \$100 to state	wide and Canomi Ac	sambly anndidator If contrib	tor is calf any	aloued	the occ	notion and the name of		

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

lotal contributions this event
\$11,469.00

Total expenditures this event.

	- 1	
\$2,8	91	.97

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)]