

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

| Name of Committee in Full | | | | Registration Number, if PAC | | | |
|---|--|---|-------------------|----------------------------------|---|------|----------|
| Committee 4 Children | | | | | | | |
| Full Name of Contributor Rosa Scott | | | | Registration Number, if PAC | | | |
| Street Address 2661 Buraoby Dr | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2514 | \$20.00 |
| City Columbus | | State OH | Zip Code 43209 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Joanne Goldhand | | | | Registration Number, if PAC | | | |
| Street Address 90 W 2nd Ave | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2514 | \$50.00 |
| City Columbus | | State OH | Zip Code | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Danni Palmae | | | | Registration Number, if PAC | | | |
| Street Address 155 West Main #1704 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2514 | \$100.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Toia Lee | | | | Registration Number, if PAC | | | |
| Street Address 1219 Ellsworth | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2514 | \$15.00 |
| City Columbus | | State OH | Zip Code 43206 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Sara Loken | | | | Registration Number, if PAC | | | |
| Street Address 12582 Eastchester Rd | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2514 | \$50.00 |
| City Pickerington | | State OH | Zip Code 43147 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Susan Robeaott | | | | Registration Number, if PAC | | | |
| Street Address 300 E Broad St STE 530 | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2514 | \$25.00 |
| City Columbus | | State OH | Zip Code 43215 | Form (Cash, Check, etc.) Cash | | | |
| Full Name of Contributor Christine Wynd | | | | Registration Number, if PAC | | | |
| Street Address 127 S Davis | | Employer/Occupation/Labor Organization* | | M | D | Y | Amount |
| | | | | 0 | 9 | 2514 | \$50.00 |
| City Columbus | | State OH | Zip Code 43022 | Form (Cash, Check, etc.) Cash | | | |

* 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 \$ \$310.00