31-A						
R.C.	351	7.	10			

## **Statement of Contributions Received**

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children					
Full Name of Contributor Michelle Heritage Ward			Registration Number, if P.	Registration Number, if PAC	
Street Address 254 South Cassady Avenue	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	0 4 2 9 0 9	Amount \$50.00	
Full Name of Contributor  Necol Russel-Washington  Registration Number, if P				AC	
Street Address 8067 Harvestmoon Dr	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	0 4 2 9 0 9	Amount \$50.00	
Full Name of Contributor Sharon Rae Watkins					
Street Address 4394 Dublin Rd	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	$\begin{bmatrix} M \\ 0 \end{bmatrix} 4 \begin{bmatrix} D \\ 2 \end{bmatrix} 9 \begin{bmatrix} Y \\ 0 \end{bmatrix} 9$	Amount \$25.00	
Full Name of Contributor  Jane Whyde					
Street Address 71 Wildwood Pl	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Hebron	State OH	Zip Code 43025	0 4 2 9 0 9	Amount \$50.00	
Full Name of Contributor  Phyllis Withers  Registration Number, if PAC					
Street Address 4370 Glengold Dr	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	0 4 2 9 0 9	Amount \$25.00	
ull Name of Contributor Registration Number, if Leah Zuck			AC		
Street Address 10875 Lithopolis Rd NW	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Canal Winchester	State OH	Zip Code 43110	0 4 2 9 0 9	Amount \$25.00	
Full Name of Contributor Gwendolyn Fells			Registration Number, if F	AC	
Street Address 3509 Refugee Road	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43232	0 4 2 9 0 9	Amount \$100.00	
Full Name of Contributor Rosemary Ebner Pomeroy			Registration Number, if F	'AC	
Street Address 200 East Campus View Blvd, Ste 200	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M D Y 0 9	Amount \$250.00	

Page Total \$575.00

<sup>\*</sup> 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)]