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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	Registration Number, if PAC			
Jean D Zatezalo				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
1176 Harrison Pond Dr				Check
City New Albany	State OH	Zip Code 43054	0 9 0 4 1 4	Amount \$50.00
Full Name of Contributor	· · · · ·	<u> </u>	Registration Number, it	PAC
Bruce Cadwallader		<u> </u>		
Street Address 6549 Warriner Way	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City	State	Zip Code	M D Y O 9 2 6 1 4	Amount
Canal Winchester	OH	43110	0 9 2 6 1 4	1
Full Name of Contributor OAPSE Central District				
Street Address	Employer/Occi	pation/Labor Organization		Form (Cash, Check, etc.)
6805 Oak Creek	<u> </u>			Check
City Columbus	State OH	Zip Code 43229	0 9 2 6 1	Amount \$1,000.00
	Oii	10223	Registration Number, if	<u>.</u>
Full Name of Contributor PNC	Full Name of Contributor			
Street Address		unational abor Opposition		Form (Cash, Check, etc.)
1900 East Ninth St	Employer/Occupation/Labor Organization			Check
City	State	Zip Code	M D Yi	Amount
Cleveland	ОН	44114	092614	\$5,000.00
Full Name of Contributor	 		Registration Number, if	PAC
Crane Group Co				
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)
330 Spring Street, STE 200				Check
City Columbus	OH State	Zip Code 43215	0 9 0 4 1	Amount \$10,000.00
Full Name of Contributor			Registration Number, if	PAC
Squire Patton Boggs				
Street Address	Employer/Occ	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
41 South High Street, STE 2000				Check
City	Staic OH	Zip Code 43215	M D Y O 9 0 4 1 4	Amount \$1,000.00
Columbus	Uij		Registration Number, if	<u> </u>
Full Name of Contributor Katherine R Lyons			Registration Number, 12	
Street Address	Employet/Occ	unation/Labor Organization	_	Form (Cash, Check, etc.)
7378 Murrayfield Dr	Employer/Occupation/Labor Organization*			Check
City	State	Zip Code	M D Y	Атоши
Worthington	ОН	43085	M D Y O 9 0 4 1 4	,
Full Name of Contributor			Registration Number, if	PAC
Matthew Hersha				
Street Address	Employer/Occ	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)
3179 Dunlavin Glen Rd	6.11	Zip Code	M In V	Paypal Amount
City Columbus	State OH	43221	0 7 2 1 1	1

Page Total \$19,195.00

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)]