31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
Committee 4 Children

Full Name of Contributor	Registration Number, if PAC					
OAPSE Central District						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
6805 Oak Creek						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	OH	43229	0 9	2 6	1 4	$1,000.00
Full Name of Contributor	**Registration Number, if PAC**					
PNC						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1900 East Ninth St						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Cleveland	OH	44114	0 9	2 6	1 4	$5,000.00
Full Name of Contributor	**Registration Number, if PAC**					
Mary T Day						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
516 Portland Way South						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Galion	OH	44833	0 9	0 4	1 4	$144.00
Full Name of Contributor	**Registration Number, if PAC**					
Maureen Bosart						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
3126 Melbury Dr						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	OH	43221	0 9	0 4	1 4	$35.00
Full Name of Contributor	**Registration Number, if PAC**					
Margaret O Rotolo						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1690 Merrick Rd						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	OH	43212	0 9	0 4	1 4	$25.00
Full Name of Contributor	**Registration Number, if PAC**					
Lynn Sowards						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
7341 Claddaugh Lane						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Dublin	OH	43016	0 9	0 4	1 4	$50.00
Full Name of Contributor	**Registration Number, if PAC**					
Stacy Ritter						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
4600 Tensweep						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
New Albany	OH	43054	0 9	0 4	1 4	$100.00
Full Name of Contributor	**Registration Number, if PAC**					
Allison Rish						
Street Address	**Employer/Occupation/Labor Organization***					**Form (Cash, Check, etc.)**
1933 Coventry Rd						Check
City	**State**	**Zip Code**	**M**	**D**	**Y**	**Amount**
Columbus	OH	43212	0 9	0 4	1 4	$50.00

* 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)]

Page Total $6,404.00