

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Parenthesis Family Advocates							Registration Number, if PAC		
Street Address 6500 Taylor Road SW				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 9	
						Y 0		Amount \$1,125.00	
Full Name of Contributor Mary Kay Hawkins							Registration Number, if PAC		
Street Address 1430 Lorraine Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43235		M 0		D 9	
						Y 0		Amount \$250.00	
Full Name of Contributor Judy Kay Murray							Registration Number, if PAC		
Street Address 13347 Sandover Pl NW				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Pickerington		State OH		Zip Code 43147		M 0		D 9	
						Y 0		Amount \$700.00	
Full Name of Contributor Barbara Kavicky							Registration Number, if PAC		
Street Address 7167 Winding Brook Ct				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43235		M 0		D 9	
						Y 0		Amount \$100.00	
Full Name of Contributor Jan Jenkins Gibbons							Registration Number, if PAC		
Street Address 2289 Worthingwoods Blvd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Powell		State OH		Zip Code 43065		M 0		D 9	
						Y 0		Amount \$20.00	
Full Name of Contributor Joy Soll							Registration Number, if PAC		
Street Address 141 Drexel Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Bexley		State OH		Zip Code 43209		M 0		D 9	
						Y 0		Amount \$500.00	
Full Name of Contributor Gwen A Abbott							Registration Number, if PAC		
Street Address 3848 King James Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 0		D 9	
						Y 0		Amount \$100.00	
Full Name of Contributor Diane Bennett							Registration Number, if PAC		
Street Address 555 N Columbia Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0		D 9	
						Y 0		Amount \$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 **\$2,845.00**