

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Rebecca Sustersic						Registration Number, if PAC			
Street Address 4155 Forestridge Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Richfield		State OH		Zip Code 44266		M 0		D 8	
						Y 0		Amount \$50.00	
Full Name of Contributor Jeff Moore						Registration Number, if PAC			
Street Address 9192 Rhode Island Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Orient		State OH		Zip Code 43146		M 0		D 8	
						Y 0		Amount \$50.00	
Full Name of Contributor Donald Van Meter						Registration Number, if PAC			
Street Address 530 Cardinal Hill Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Powell		State OH		Zip Code 43065		M 0		D 8	
						Y 0		Amount \$20.00	
Full Name of Contributor Michael Bondy						Registration Number, if PAC			
Street Address 1340 Glenn Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Columbus		State OH		Zip Code 43212		M 0		D 8	
						Y 0		Amount \$50.00	
Full Name of Contributor Michael Bondy						Registration Number, if PAC			
Street Address 1340 Glenn Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Columbus		State OH		Zip Code 43212		M 0		D 8	
						Y 0		Amount \$50.00	
Full Name of Contributor Janice M Flowers						Registration Number, if PAC			
Street Address 4449 Easton Way 2nd Flr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Columbus		State OH		Zip Code 43219		M 0		D 8	
						Y 0		Amount \$50.00	
Full Name of Contributor Kathleen Ransier						Registration Number, if PAC			
Street Address 1801 East Long Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Columbus		State OH		Zip Code 43203		M 0		D 8	
						Y 0		Amount \$250.00	
Full Name of Contributor Shadya Yazback						Registration Number, if PAC			
Street Address 5335 Village Crossing			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Paypal		
City Hilliard		State OH		Zip Code 43026		M 0		D 8	
						Y 0		Amount \$90.00	

* 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)]