3	1	-	A				
R	. (Ξ.	35	1	7.	ı	0

Statement of Contributions Received

	2
Page	S

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children							
Full Name of Contributor Michelle C Stratman			Registration Number, if F	PAC			
Street Address 2249 Edgevale Rd	Employer/Occ	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43221	M D Y 1 7 1 4	Amount \$50.00			
Full Name of Contributor Stephen F Richard			Registration Number, if F	PAC			
Street Address 1818 Chimney Hill Ct	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check			
City Reynoldsurg	State OH	Zip Code 43068	M D Y 1 7 1 4	Amount \$50.00			
Full Name of Contributor Kimberly E Miller	Registration Number, if P	AC ·					
Street Address - 8730 Swisher Creek Xing	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City 'New Alban	State OH	Zip Code 43054	0 7 1 7 1 4	Amount \$100.00			
Full Name of Contributor D Nicholas Rees	Registration Number, if P	Registration Number, if PAC					
Street Address 307 Hampton Park	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City Westerville	State OH	Zip Code 43081	M D Y O 7 1 7 1 4	Amount \$100.00			
Full Name of Contributor Gary R Stammler	· · · · · · · · · · · · · · · · · · ·		Registration Number, if P	AC			
Street Address 59 Trine St	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City Canal Winchester	State OH	Zip Code 43110	0 7 1 7 1 4	Amount \$50.00			
Full Name of Contributor Registration Number, if PAC Roger Minner							
Street Address 294 Stewart Avenue	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43206	M D Y 0 7 1 4	Amount \$50.00			
Full Name of Contributor Sehul Patel	Registration Number, if P	AC					
Street Address 3429 Pine Way	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check			
City Powell	State OH	Zip Code 43065	M D Y O 7 1 7 1 4	Amount \$50.00			
Full Name of Contributor Pamela Scott			Registration Number, if P	AC			
Street Address 1288 Fowler Dr	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check			
City Columbus	State OH	Zip Code 43224	0 7 1 7 1 4	Amount \$50.00			

Page Total \$500.00

^{*} 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)]