

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children							
Full Name of Contributor Diann E Stevens						Registration Number, if PAC	
Street Address 1640 Regents Hill Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43223	M 1	D 0	Y 1 6 0 9	Amount \$75.00
Full Name of Contributor Annette Scott-Williams						Registration Number, if PAC	
Street Address 1863 Barnett Ct E			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43227	M 1	D 0	Y 1 6 0 9	Amount \$50.00
Full Name of Contributor Patricia G Taylor						Registration Number, if PAC	
Street Address 6728 Bethany Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Westerville		State OH	Zip Code 43081	M 1	D 0	Y 1 6 0 9	Amount \$20.00
Full Name of Contributor Philip M 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 1	D 0	Y 1 6 0 9	Amount \$70.00
Full Name of Contributor Doris Calloway Moore						Registration Number, if PAC	
Street Address 883 Schillingwood Dr			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Gahanna		State OH	Zip Code 43230	M 1	D 0	Y 1 6 0 9	Amount \$45.00
Full Name of Contributor Fundraising Cash						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City		State OH	Zip Code	M 1	D 0	Y 1 6 0 9	Amount \$122.00
Full Name of Contributor American Electric Power						Registration Number, if PAC	
Street Address PO Box 24400			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Canton		State OH	Zip Code 44701	M 1	D 0	Y 2 0 0 9	Amount \$5,000.00
Full Name of Contributor The Smoot Corporation						Registration Number, if PAC	
Street Address 1907 Leonard Avenue			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus		State OH	Zip Code 43219	M 1	D 0	Y 2 0 0 9	Amount \$1,000.00

* 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)]