

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor Jennifer L Reinheimer				Registration Number, if PAC		
Street Address 7731 Polo Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	M 0	D 9	Y 0414	Amount \$100.00
Full Name of Contributor Timothy T Oneil				Registration Number, if PAC		
Street Address 4492 Cliff Ridge Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43230	M 0	D 9	Y 0414	Amount \$50.00
Full Name of Contributor Tina N Murphy				Registration Number, if PAC		
Street Address 1172 Somers St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Zanesville	State OH	Zip Code 43701	M 0	D 9	Y 0414	Amount \$200.00
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 0	D 9	Y 0414	Amount \$50.00
Full Name of Contributor Susan M Missler				Registration Number, if PAC		
Street Address 1285 E Cooke Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 0	D 9	Y 0414	Amount \$50.00
Full Name of Contributor Henry J Merce				Registration Number, if PAC		
Street Address 4701 Rainer Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Sylvania	State OH	Zip Code 43560	M 0	D 9	Y 0414	Amount \$100.00
Full Name of Contributor Richard Kern				Registration Number, if PAC		
Street Address 141 E Torrence Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 0	D 9	Y 0414	Amount \$100.00
Full Name of Contributor Belinda S Jones				Registration Number, if PAC		
Street Address 3639 Lakestone Cir		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 9	Y 0414	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 \$700.00