

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Belinda 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 4	Y 2	9	Amount \$25.00
Full Name of Contributor Patricia Marcum						Registration Number, if PAC			
Street Address 284 S Stanwood Rd			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Bexley		State OH	Zip Code 43209		M 0	D 4	Y 2	9	Amount \$25.00
Full Name of Contributor Paul Marshall						Registration Number, if PAC			
Street Address 288 Mimring Rd			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43202		M 0	D 4	Y 2	9	Amount \$50.00
Full Name of Contributor Alicia Masters						Registration Number, if PAC			
Street Address 5540 Stevens Dr			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Orient		State OH	Zip Code 43146		M 0	D 4	Y 2	9	Amount \$25.00
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 4	Y 2	9	Amount \$25.00
Full Name of Contributor Jed Morison						Registration Number, if PAC			
Street Address 2572 Brentwood Rd			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43209		M 0	D 4	Y 2	4	Amount \$50.00
Full Name of Contributor Richard Jones Morris						Registration Number, if PAC			
Street Address 513 Park Blvd			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Worthington		State OH	Zip Code 43085		M 0	D 4	Y 2	9	Amount \$25.00
Full Name of Contributor Philip Murray						Registration Number, if PAC			
Street Address 13347 Sandover PI NW			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Pickerington		State OH	Zip Code 43147		M 0	D 4	Y 2	9	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 **\$275.00**