Page 24

Statement of Contributions Received

Prescribed by Secretary of State 03/05

		•			
Name of Committee in Full Committee 4 Children					
Full Name of Contributor Frances Curtis Frazier			Registration Number, if PAC		
Frances Curus Fraziei					
Street Address 3466 Bolton Ave	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43227	M D Y O 9 2 5 1 4	Amount \$100.00	
Full Name of Contributor Cahterine L Hawes	· · ·	•	Registration Number, if I	PAC	
Street Address 2110 Acadia PI	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	0 9 2 5 1 4	Amount \$50.00	
Full Name of Contributor Christina C Wilson			Registration Number, if I	Registration Number, if PAC	
Street Address 3812 Annette Street	Employer/Occupation/Labor Organization		· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43228	0 9 2 5 1 4	Amount \$100.00	
Full Name of Contributor Barbara J Frye	Registration Numb			PAC	
Street Address 718 S Broadleigh Rd	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M D Y 0 9 2 5 1 4	Amount \$25.00	
Full Name of Contributor Carolyn Bradley					
Street Address 519 Clark Ave	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43223	0 9 2 5 1 4	Amount \$25.00	
Full Name of Contributor Julie Robbins Registration Number, if PAC					
Street Address 332 Cliffside Dr	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43202	M D Y 0 9 2 5 1 4	Amount \$150.00	
Full Name of Contributor Regist Michelle D Cramer			Registration Number, (f	PAC	
Street Address 8247 McKitrick Rd	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City Plain City	State OH	Zip Code 43064	M D Y	Amount \$100.00	
Full Name of Contributor Cynthia J Byington			Registration Number, if	_	
Street Address 1346 W Second Ave	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus OH	State OH	Zip Code 43212	M D Y 1 4	Amount \$100.00	

Page Total \$650.00

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)]