

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor Christine Evans				Registration Number, if PAC		
Street Address 3870 Highland Bluff Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Groveport	State OH	Zip Code 43125	M 0	D 9	Y 0814	Amount \$50.00
Full Name of Contributor Sheri Widder				Registration Number, if PAC		
Street Address 8122 Mitchell Dewitt		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Plain City	State OH	Zip Code 43064	M 0	D 9	Y 0714	Amount \$100.00
Full Name of Contributor Elizabeth Heyer				Registration Number, if PAC		
Street Address 2409 Plymouth Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Bexley	State OH	Zip Code 43209	M 0	D 9	Y 0614	Amount \$60.00
Full Name of Contributor Erica Allen				Registration Number, if PAC		
Street Address 4355 Britt Place		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Columbus	State OH	Zip Code 43227	M 0	D 9	Y 0614	Amount \$40.00
Full Name of Contributor Shadya Yazback				Registration Number, if PAC		
Street Address 5535 Village Crossing		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Hilliard	State OH	Zip Code 43026	M 0	D 9	Y 0614	Amount \$75.00
Full Name of Contributor Grange Insurance Companies				Registration Number, if PAC		
Street Address PO Box 1218		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43216	M 1	D 0	Y 0614	Amount \$10,000.00
Full Name of Contributor Nancy Cunningham				Registration Number, if PAC		
Street Address 2670 Peachblow Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Lewis Center	State OH	Zip Code 43035	M 1	D 0	Y 0614	Amount \$100.00
Full Name of Contributor DLZ Corporation				Registration Number, if PAC		
Street Address 6121 Huntley Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	M 1	D 0	Y 1014	Amount \$2,500.00

* 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)]

Page Total \$12,925.00