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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children				
Full Name of Contributor			Registration Number, if PAC	
Marilyn Jenkins Street Address	Employee/Oce	npation/Labor Organization*		Form (Cash, Check, etc.)
Street Address 4099 Loughmoor Dr	Епірюуев Осси	Parion Davor Organization		Check
City Dublin	State OH	Zip Code 43016	0 8 2 1 0 9	Amount \$25.00
Full Name of Contributor			Registration Number, if I	PAC
Sharon Rae Watkins		- C- / 1 C 1 *		Form (Cash, Check, etc.)
Street Address 4394 Dublin Rd	Employer/Occupation/Labor Organization*			Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43221	0 8 2 1 0 9 Registration Number, if I	\$25.00
Full Name of Contributor Michael E Preston				rac
Street Address	Employer/Occu	upation/Labor Organization*		Form (Cash, Check, etc.)
4838 Downing Drive	-		[] [] [] [] [] [] [] [] [] []	Check Amount
City Columbus	State OH	Zip Code 43232	0 8 2 1 0 9	\$25.00
Full Name of Contributor Registration Number, if PAC				
Betty Faris Street Address	E1	upation/Labor Organization*		Form (Cash, Check, etc.)
Street Address 2402 Spring Cress Ave	Employer/Occi	ираноп/Lauoi Огданіzапон		Check
City	State	Zip Code	M D Y	Amount
Grove City	OH	43123	0 8 2 1 0 9	\$25.00
Full Name of Contributor Jane Osuga			Registration Number, if	IAC
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
3474 Highland St		7: 0 1	IM IN IN	Check
City Grove City	State OH	Zip Code 43123	0 8 2 1 0 9	
Full Name of Contributor Phyllis Withers			Registration Number, if	PAC
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
4370 Glengold Dr				Check
City Grove City	State OH	Zip Code 43123	0 8 2 1 0 9	Amount \$25.00
Full Name of Contributor			Registration Number, if	PAC
Barbara Kavicky	I	unation/Labor Oversion:*		Form (Cash, Check, etc.)
Street Address 7167 Winding Brook Ct	Employer/Occupation/Labor Organization*			Check
City Columbus	State OH	Zip Code 43235	M D Y O B 2 1 0 9	Amount \$25.00
Full Name of Contributor Rebecca S Bonnell	L		Registration Number, if	PAC
Street Address	Employer/Occ	cupation/Labor Organization*		Form (Cash, Check, etc.)
4711 Scenic Dr		•		Check
City Columbus	State OH	Zip Code 43214	0 8 2 1 0 S	Amount 9 \$25.00

Page Total \$200.00

^{*} 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)]