

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Grant Schroeder						Registration Number, if PAC			
Street Address 7351 Winnipeg Drive			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43016		M 0	D 4	Y 2	Y 9	Amount \$100.00
Full Name of Contributor F Edward Sparks						Registration Number, if PAC			
Street Address 9980 Hyland Croy Rd			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Plain City		State OH	Zip Code 43064		M 0	D 4	Y 2	Y 9	Amount \$100.00
Full Name of Contributor Donald Spicer						Registration Number, if PAC			
Street Address 1145 Baumock Burn Dr			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43225		M 0	D 4	Y 2	Y 9	Amount \$100.00
Full Name of Contributor Diann Stevens						Registration Number, if PAC			
Street Address 1640 Regents Hill Dr			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43223		M 0	D 4	Y 2	Y 9	Amount \$25.00
Full Name of Contributor Megan Stevens						Registration Number, if PAC			
Street Address 8383 Gleneagles Ct			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43017		M 0	D 4	Y 2	Y 9	Amount \$25.00
Full Name of Contributor Scott Timmerman						Registration Number, if PAC			
Street Address 5705 Tara Hill Dr			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43017		M 0	D 4	Y 2	Y 8	Amount \$100.00
Full Name of Contributor Kim Toler						Registration Number, if PAC			
Street Address 7563 Braeburn Ct			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Blacklick		State OH	Zip Code 43004		M 0	D 4	Y 2	Y 9	Amount \$25.00
Full Name of Contributor Marvena Twigg						Registration Number, if PAC			
Street Address 1 Miranova Pl			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 4	Y 1	Y 8	Amount \$100.00

* 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)]