

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Kathleen Isern						Registration Number, if PAC			
Street Address 75 E Waterview Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Shawnee Hills		State OH	Zip Code 43065		M 0	D 8	Y 2	Y 1	Amount \$100.00
Full Name of Contributor Vickie L Kennedy						Registration Number, if PAC			
Street Address 1500-B Burstock Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43206		M 0	D 8	Y 2	Y 1	Amount \$100.00
Full Name of Contributor Kay 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 8	Y 2	Y 1	Amount \$50.00
Full Name of Contributor Judy Murray						Registration Number, if PAC			
Street Address 13347 Sandover Pl NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Pickerington		State OH	Zip Code 43147		M 0	D 8	Y 2	Y 1	Amount \$50.00
Full Name of Contributor Susan Carter						Registration Number, if PAC			
Street Address 3049 Brandon Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Upper Arlington		State OH	Zip Code 43221		M 0	D 8	Y 2	Y 1	Amount \$50.00
Full Name of Contributor Susan Samuel						Registration Number, if PAC			
Street Address 3466 Norwood St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43224		M 0	D 8	Y 2	Y 1	Amount \$25.00
Full Name of Contributor Sylyna France						Registration Number, if PAC			
Street Address 5392 Brayton Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43232		M 0	D 8	Y 2	Y 1	Amount \$25.00
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 8	Y 2	Y 1	Amount \$25.00

* 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)]