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Statement of Contributions Received

| Page | 4 —— | |
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Prescribed by Secretary of State 03/05

| Name of Committee in Full Committee 4 Children | . <u>. </u> | | | | | | | |
|----------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--|--|--|--|
| Full Name of Contributor Ann H Woodford | | | Registration Number, if | PAC | | | | |
| Street Address 1169 Royal Oak Dr | Employer/Occu | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Check | | | | |
| City Lewis Center | State OH | Zip Code 43035 | 0 7 1 7 1 4 | Amount \$50.00 | | | | |
| Full Name of Contributor Merrie K Boesch | • | | Registration Number, if | PAC | | | | |
| Street Address 281 S Broadleigh Rd | Employer/Occu | pation/Labor Organization | | Form (Cash, Check, etc.) Check | | | | |
| City Columbus | State OH | Zip Code 43209 | 0 7 1 7 1 4 | Amount \$50.00 | | | | |
| Full Name of Contributor Registration Number, if PAC Regina A Dudley | | | | | | | | |
| Street Address 2861 Bridgeview Drive | Employer/Occu | Employer/Occupation/Labor Organization* | | Form (Cash, Check, etc.) Cash | | | | |
| City Columbus | State OH | Zip Code 43224 | M D Y 1 4 | | | | | |
| Full Name of Contributor Ponald B Gatwood | | | | | | | | |
| Street Address 51 W Pickaway St | Employer/Occu | pation/Labor Organization | | Form (Cash, Check, etc.) Check | | | | |
| City Kingston | State OH | Zip Code 45644 | 0 7 1 7 1 4 | Amount \$70.00 | | | | |
| Full Name of Contributor Luke Hanks | | | | | | | | |
| Street Address 6856 Hoover Rd | Employer/Occu | Employer/Occupation/Labor Organization | | Form (Cash, Check, etc.) Cash | | | | |
| City Orient | State OH | Zip Code 43146 | 0 7 1 7 1 4 | | | | | |
| Full Name of Contributor Angela Nickel | | | | | | | | |
| Street Address 765 Pierce Dr | Employer/Occu | Employer/Occupation/Labor Organization | | Form (Cash, Check, etc.) Cash | | | | |
| City Columbus | State OH | Zip Code 43232 | M D Y 0 7 1 7 1 4 | | | | | |
| Full Name of Contributor Fill Frost Registration Number, if PAC | | | | | | | | |
| treet Address Employer/Occupation/Labor Organization* 42 Laha Ave | | | | Form (Cash, Check, etc.) Cash | | | | |
| City Columbus | State OH | Zip Code 43205 | M D Y | | | | | |
| Full Name of Contributor Dr Sathapper | | | Registration Number, if | | | | | |
| Street Address 765 Pierce Dr | | apation/Labor Organization | | Form (Cash, Check, etc.) Cash | | | | |
| City Columbus | State OH | Zip Code 43232 | $\begin{bmatrix} M \\ 0 \end{bmatrix} 7 \begin{bmatrix} D \\ 1 \end{bmatrix} 7 \begin{bmatrix} Y \\ 1 \end{bmatrix} 4$ | Amount \$40.00 | | | | |

Page Total \$550.00

^{*} 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)]