## **Statement of Contributions Received**

Page 5

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children		Alexander de la constante de l			
Full Name of Contributor Lara LaRoche			Registration Number, if PAC		
Street Address 57 Parkdale Dr	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Johnstown	State OH	Zip Code 43031	1 0 2 0 0 9	Amount \$50.00	
Full Name of Contributor Sharon Rae Watkins			Registration Number, if P	AC	
Street Address 4394 Dublin Rd	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	1 0 2 0 0 9	Amount \$25.00	
Full Name of Contributor Daryle L Cobb			Registration Number, if P	Registration Number, if PAC	
Street Address P.O. Box 1265	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43216	1 0 2 0 0 9	Amount \$25.00	
Full Name of Contributor ML Lambert			Registration Number, if P	AC	
Street Address 12784 Bentwood Farms Dr	Employer/Occu	pation/Labor Organization*	Tatananan paramatan menengan pananan dari pananan dari pananan dari pananan dari pananan dari pananan dari pan	Form (Cash, Check, etc.) check	
City Pickerington	State OH	Zip Code 43147	1 0 2 0 0 9	Amount \$25.00	
Full Name of Contributor Diann E Stevens			Registration Number, if P	PAC	
Street Address 1640 Regents Hill Dr	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43223	1 0 2 0 0 9	Amount \$25.00	
Full Name of Contributor Registration Number, if Grant L Schroeder				AC	
Street Address 7351 Winnipeg Drive	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43016	1 D 2 D P	Amount \$25.00	
Full Name of Contributor Registration Number, if Lisa R Schlotzhaur			PAC		
Street Address 25 Brenton Dr	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Ashville	State OH	Zip Code 43103	1 0 2 0 0 9	Amount \$25.00	
Full Name of Contributor Megan Stevens			Registration Number, if P	AC	
Street Address 8383 Gleneagles Ct	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	1 0 2 0 0 9	Amount \$100.00	

Page Total \$300.00

<sup>\*</sup> 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)]