31-A
R.C. 3517.10

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						
Kenneth Wilson							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
4935 Longmead Drive							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Grove City	OH	43123	10	30	14		$100.00
Full Name of Contributor	**Registration Number, if PAC**						
Michael Bean Sr							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
855 W Mound Street							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43223	10	30	14		$50.00
Full Name of Contributor	**Registration Number, if PAC**						
Peter Stevens							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
8383 Gleneagles Ct							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Dublin	OH	43017	10	30	14		$100.00
Full Name of Contributor	**Registration Number, if PAC**						
Sheila Kochis							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3476 Graystone Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43232	10	30	14		$25.00
Full Name of Contributor	**Registration Number, if PAC**						
Pamela Rickard							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
559 Haversham Dr							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahanna	OH	43230	10	30	14		$25.00
Full Name of Contributor	**Registration Number, if PAC**						
Suzanne C Tuebert							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
537 Stratshire Lane							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Gahann	OH	43230	10	30	14		$150.00
Full Name of Contributor	**Registration Number, if PAC**						
Nationwide Children's Hospital							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
700 Children's Drive - PO Box 7200							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Columbus	OH	43205	11	03	14		$10,000.00
Full Name of Contributor	**Registration Number, if PAC**						
Karen A Wilkins							
Street Address	**Employer/Occupation/Labor Organization***						**Form (Cash, Check, etc.)**
3000 Patterson Rd SW							Check
City	**State**	**Zip Code**	**M**	**D**	**Y**		**Amount**
Pataskala	OH	43062	11	04	14		$500.00

* 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)]

Page Total $10,950.00