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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children					
Full Name of Contributor Fundraiser			Registration Number, if I	AC.	
Street Address	Employer/Occu	Employer/Occupation/Labor Organization			
City	State OH	Zip Code	M D Y O 9 2 5 1 4	Amount \$485.00	
Full Name of Contributor Joyce R Shenk	<u>.</u>		Registration Number, if I	PAC	
Street Address	Employer/Occu	patian/Labor Organization		Form (Cash, Check, etc.)	
264 N Drexel Ave	Employer/Occu	Employer/Occupation/Labor Organization			
City Columbus	State OH	Zip Code 43209	M D Y 4	Amouni \$250.00	
Full Name of Contributor Sue Anne Goetz Doody	Registration Number, if i	Registration Number, if PAC			
Street Address 2155 Yorkshire Rd	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	0 9 2 6 1 4	Amount \$250.00	
Full Name of Contributor Sophia Corna			Registration Number, if I	PAC	
Street Address 68 1/2 E Hubbard Ave	Employer/Occu	pation/Labor Organization	<u></u>	Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	0 9 2 6 1 4	Amount \$100.00	
Full Name of Contributor Mohawk Properties LLC			Registration Number, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization	-	Form (Cash, Check, etc.)	
17 Brickel St		In Cat	147518	Check	
City Columbus	OH	Zip Code 43215	$0^{M}9 2^{D}6 1^{4}$	\$100.00	
Full Name of Contributor Registration Number, if PAC Wendy C Arlin					
Street Address 7251 Waterston PL	Employer/Occu	ipation/Labor Organization	-	Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M D Y O 9 2 6 1 4	Amount \$100.00	
Full Name of Contributor E Dibella	Registration Number, if	PAC			
Street Address 605 N High St #225	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M D Y O 9 2 6 1 4	Amount \$50.00	
Full Name of Contributor Bruce Cadwallader			Registration Number, if	PAC	
Street Address 6549 Warriner Way	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Canal Winchester	State OH	Zip Code 43110	M D Y 2 6 1 4	Amount \$120.00	

Page Total \$1,455.00

^{*} 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)]