Statement of Contributions Received

Page 17

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children				
Full Name of Contributor John P. Gilligan			Registration Number, if	PAC
Street Address 1420 Castleton Rd N	Employer/Occu	pation/Labor Organization*	A service and the service and	Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43220	1 0 1 3 0 9	Amount \$150.00
Full Name of Contributor Schottenstein, Zox & Dunn			Registration Number, if	PAC
Street Address 250 West Street	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	1 0 1 3 0 9	Amount \$1,500.00
Full Name of Contributor Margaret Lewis			Registration Number, if PAC	
Street Address 201 Melbourne Place	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	1 0 1 3 0 9	Amount \$100.00
Full Name of Contributor Columbus/Central OH Building Trades Council-Education Fund Registration Number, if PAC				
Street Address 555 E Rich Street	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	M D Y 1 0 9	Amount \$200.00
Full Name of Contributor John Edwards Registration Number, if PAC				
Street Address 990 Gray Dr	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
City Pickerington	State OH	Zip Code 43147	1 0 1 3 0 9	Amount \$250.00
Il Name of Contributor Danny Dahl			Registration Number, if	PAC
Street Address 1203 Hiner Rd	Employer/Occupation/Labor Organization*		Assessment of the Control of the Con	Form (Cash, Check, etc.) Check
City Orient	Stake OH	Zip Code 43146	0 B 0 6 0 9	Amount \$240.00
Full Name of Contributor Registration Number, if Joseph McKnight				PAC
Street Address 2768 Shelton Cir	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) PayPal
City Hilliard	State OH	Zip Code 43026	M D Y 1 0 0 2 0 9	Amount \$25.00
Full Name of Contributor Linda Austin			Registration Number, if	PAC
Street Address 2406 Beverly Place	Employer/Occu	pation/Labor Organization*	Burkuman anada da kata da da da kata mana ana ang ang ang ang ang anada ana ana	Form (Cash, Check, etc.) PayPal
City Columbus	State OH	Zip Code 43209	M D Y 1 0 0 2 0 9	Amount \$150.00

Page Total \$2,615.00

^{*} 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)]