

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Erin Stemm						Registration Number, if PAC			
Street Address 197 Binns Blvd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43204		M 0		D 8	
						Y 2		Amount \$50.00	
Full Name of Contributor Contributions from Form No 31 E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Chk/Paypal/Cash		
City		State OH		Zip Code		M 0		D 7	
						Y 1		Amount \$6,500.00	
Full Name of Contributor Contributions from Form No 31 E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Chk/Paypal/Cash		
City		State OH		Zip Code		M 0		D 8	
						Y 1		Amount \$2,435.00	
Full Name of Contributor Contributions from Form No 31 E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Checks/Cash		
City		State OH		Zip Code		M 0		D 8	
						Y 2		Amount \$4,218.00	
Full Name of Contributor Contributions from Form No 31 E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Checks/Cash		
City		State OH		Zip Code		M 0		D 9	
						Y 0		Amount \$710.00	
Full Name of Contributor Contributions from Form No 31 E						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Checks/Cash		
City		State OH		Zip Code		M 0		D 9	
						Y 1		Amount \$11,469.00	
Full Name of Contributor Columbus School Employees Assoc						Registration Number, if PAC			
Street Address PO Box 13652			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH		Zip Code 43213		M 0		D 9	
						Y 2		Amount \$500.00	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH		Zip Code		M		D	
						Y		Amount	

* 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)]