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R.C.	351	7.10	)

## **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			Registration Number, if PAC			
Linda D Craig						
Street Address 5944 Shana Dr	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43232	M D Y O 9 2 5 1 4	Amount \$25.00		
Full Name of Contributor			Registration Number, if F	AC		
June K Gutterman						
Street Address 7995 Bluefield Street	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check		
City Canal Winchester	State OH	Zip Code 43110	0 9 2 5 1 4	Amount \$250.00		
Full Name of Contributor Mary Ann Singer	Registration Number, if Pa			'AC		
Street Address 300 W Spring St STE 403	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	0 9 2 5 1 4	Amouni \$200.00		
Full Name of Contributor  Megan L Hopkins			Registration Number, if F	AC		
Street Address 1422 Oakbourne Drive	Employer/Occu	apation/Labor Organization		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43235	M D Y 0 9 2 5 1 4	Amount \$25.00		
Full Name of Contributor  Martha K Renda	· · · · · · · · · · · · · · · · · · ·		Registration Number, if F	'AC		
Street Address 1605 Jackson Rd	Employer/Occu	upation/Labor Organization		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43223	0 9 2 5 1 4	Amount \$10.00		
Full Name of Contributor The Saunders Company LLC						
Street Address 13367 Calhoun Ct STE 1A	Employer/Occu	upation/Labor Organization	<del>L</del>	Form (Cash, Check, etc.) Check		
City Pickerington	State OH	Zip Code 43147	M D Y Y 0 9 2 5 1 4	Amount \$150.00		
Full Name of Contributor  Katherine Wolford	<u> </u>		Registration Number, if I	AC .		
Street Address 152 Action Rd	Employer/Occu	upation/Labor Organization		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M D Y 0 9 2 5 1 4	Amount \$100.00		
Full Name of Contributor  Lynn Elliott			Registration Number, if I	AC		
Street Address 631 Briggs Street	Employer/Occu	upation/Labor Organization		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43206	M D Y 1 0 9 2 5 1 4	Amount \$100.00		

Page Total \$860.00

<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)]