

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children																																																	
Full Name of Contributor Doris Calloway Moore							Registration Number, if PAC																																										
Street Address 883 Schillingwood Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check																																									
City Gahanna		State OH		Zip Code 43230		M 0		D 7																																									
						Y 0		Amount \$1,000.00																																									
<table border="1"> <tr> <td colspan="7">Full Name of Contributor Sharon Rae Watkins</td> <td colspan="3">Registration Number, if PAC</td> </tr> <tr> <td colspan="4">Street Address 4394 Dublin Rd</td> <td colspan="4">Employer/Occupation/Labor Organization*</td> <td colspan="2">Form (Cash, Check, etc.) Check</td> </tr> <tr> <td colspan="2">City Columbus</td> <td colspan="2">State OH</td> <td colspan="2">Zip Code 43221</td> <td colspan="2">M 0</td> <td colspan="2">D 7</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">Y 0</td> <td colspan="2">Amount \$100.00</td> </tr> </table>										Full Name of Contributor Sharon Rae Watkins							Registration Number, if PAC			Street Address 4394 Dublin Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		City Columbus		State OH		Zip Code 43221		M 0		D 7								Y 0		Amount \$100.00	
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* 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 **\$10,115.00**