## **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 P.	AC
Doris Calloway Moore		*	<u> </u>	Form (Cash, Check, etc.)
Street Address 883 Schillingwood Dr	Employer/Occu	pation/Labor Organization*		Check
City Gahanna	State OH	Zip Code 43230	M D Y 0 7 0 2 0 9	Amount \$1,000.00
Full Name of Contributor			Registration Number, if P.	AC
Sharon Rae Watkins				
Street Address 4394 Dublin Rd	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43221	0 7 0 2 0 9 Registration Number, if P	\$100.00
Full Name of Contributor Talis Sports & Event Marketing Inc			regionation retinion, it i	
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
1535 Refugee Rd		[a] O. I.	I Million I W	Check
City Columbus	State OH	Zip Code 43207	$\begin{bmatrix} 0 & 7 & 0 & 2 & 0 \end{bmatrix} $	Amount \$515.00
Full Name of Contributor			Registration Number, if P	AC
Youth Advocate Services Inc				Earny (Cook Charles)
Street Address 965 E Broad Street	Employer/Occu	apation/Labor Organization*		Form (Cash, Check, etc.)  Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43205	070209	\$3,000.00
Full Name of Contributor Living in Family Environments, Inc			Registration Number, if F	AC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
142 North High Street	, î			Check
City Gahanna	State OH	Zip Code 43230	$\begin{bmatrix} 0^{M} 7 & 0^{D} 2 & 0^{Y} \end{bmatrix} 9$	Amount \$1,500.00
Full Name of Contributor			Registration Number, if I	PAC
Maryhaven				
Street Address	Employer/Occi	ipation/Labor Organization*		Form (Cash, Check, etc.) Check
1791 Alum Creek Drive		77. 0.1.	M FV V	
City Columbus	State OH	Zip Code 43207	0 7 2 4 0 9	Amount \$3,000.00
Full Name of Contributor			Registration Number, if I	PAC
Compdrug Inc				
Street Address	Employer/Occi	upation/Labor Organization*		Form (Cash, Check, etc.)
547 E 11th Ave				Check
City Columbus	Stalte OH	Zip Code 43211	0 7 2 4 0 9	Amount \$500.00
Full Name of Contributor COVA			Registration Number, if I	PAC
Street Address	E1a//	unation/Labor Organization		Form (Cash, Check, etc.)
3770 N High Street	Employer/Occi	upation/Labor Organization*		Check
City	State	Zip Code	M D Y	Amount
Columbus	OH	43214	0 8 2 4 0 9	\$500.00

Page Total \$10,115.00

<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)]