31-A
R.C. 3517.10

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full
Committee 4 Children

Full Name of Contributor	Registration Number, if PAC					
Christine Wynd						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
127 S Davis						Cash
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43022	09	25	14	$50.00
Full Name of Contributor	Registration Number, if PAC					
Fundraiser						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
						Cash
City	State	Zip Code	M	D	Y	Amount
	OH		09	25	14	$75.00
Full Name of Contributor	Registration Number, if PAC					
Ruth Cavin						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1312 Crestwood Ave						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43227	09	25	14	$25.00
Full Name of Contributor	Registration Number, if PAC					
Deborah Bobo						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
8693 Brenstuhl Park Dr						Check
City	State	Zip Code	M	D	Y	Amount
Blacklick	OH	43004	09	25	14	$50.00
Full Name of Contributor	Registration Number, if PAC					
Doris Calloway Moore						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
883 Schillingwood Dr						Check
City	State	Zip Code	M	D	Y	Amount
Gahanna	OH	43230	09	25	14	$25.00
Full Name of Contributor	Registration Number, if PAC					
Christina C Wilson						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
3812 Annette Street						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43228	09	25	14	$45.00
Full Name of Contributor	Registration Number, if PAC					
Doris Calloway Moore						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
883 Schillingwood Dr						Check
City	State	Zip Code	M	D	Y	Amount
Gahanna	OH	43230	09	25	14	$25.00
Full Name of Contributor	Registration Number, if PAC					
Deanne E Payne						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
1330 Rothingham Ln						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43229	09	25	14	$55.00

* 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)]

Page Total $350.00