31-	A	
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 Teresa L McWain		Registration Number, if PAC			
	··· ·· · · · · · · · · · · · · · · · ·			Form (Cash, Check, etc.)	
Street Address 1076 Marland Dr N	Employer/Occu	pation/Labor Organization*		Check	
City Columbus	State OH	Zip Code 43224	0 9 2 5 1 4	Amount \$250.00	
Full Name of Contributor Registration Number, if PA				AC	
Jodella L Doneghy					
Street Address	Employer/Occu	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
2144 Water Crest Ln				Check	
City	State	Zip Code	0 9 2 5 1 4	Amount	
Columbus	OH	43209	0 9 2 5 1 4	\$25.00	
Full Name of Contributor Edith R Garlikov Registration Number, if				PAC	
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
41 S High St, STE 2710					
City Columbus	State OH	Zip Code 43215	0 9 2 5 1 4	Amount S250.00	
Full Name of Contributor			Registration Number, if	PAC	
Janet E Jackson					
Street Address	Employer/Occu	ipation/Labor Organization		Form (Cash, Check, etc.)	
2865 Castlewood Rd				Check	
City Columbus	State OH	Zip Code 43209	M D Y 0 9 2 5 1 4	Amount \$100.00	
Full Name of Contributor			Registration Number, if	PAC	
Helen M Ninos					
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
891 Dark Star Ave				Check	
City	State	Zip Code	M D Y	Атошпі	
Gahanna	OH _.	43230	0 9 2 5 1 4	\$100.00	
Full Name of Contributor Registration Number, if Po					
Janet Green Marbley					
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
3796 Bentworth Ln				Check	
City	State	Zip Code 43230	M D Y 0 9 2 5 1 4	Amount \$75.00	
Columbus	OH	43230	1 1 1 1 1		
Full Name of Contributor			Registration Number, if	PAC	
G L Peterson Story Address Form (Cash, Check, etc.)					
Street Address	Employer/Occu	apation/Labor Organization			
4132 Berrybush Dr		12: 0 !	<u> </u>	Check	
City Gahanna	OH	Zip Code 43230	M D Y 1	\$100.00	
Full Name of Contributor Monita Moody Registration Number, if PAC					
Street Address	Employer/Occi	upation/Labor Organization		Form (Cash, Check, etc.)	
5917 Lakemont Dr	1			Check	
City Westerville	State OH	Zip Code 43081	M D Y O 9 2 5 1 4	Amount \$25.00	

Page Total \$925.00

^{*} 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)]