

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Linda Austin						Registration Number, if PAC			
Street Address 2406 Beverly Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43209		M 0	D 4	Y 2	Y 9	Amount \$50.00
Full Name of Contributor Maureen Bosart						Registration Number, if PAC			
Street Address 3126 Melbury Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 4	Y 2	Y 9	Amount \$50.00
Full Name of Contributor Anthony or Martha Ciriaco						Registration Number, if PAC			
Street Address 4915 Brand Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43017		M 0	D 4	Y 2	Y 9	Amount \$100.00
Full Name of Contributor Paul Coleman						Registration Number, if PAC			
Street Address 1299 Haddon Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43209		M 0	D 4	Y 2	Y 9	Amount \$250.00
Full Name of Contributor Cynthia Collins						Registration Number, if PAC			
Street Address 243 W Hull Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Delaware		State OH	Zip Code 43015		M 0	D 4	Y 2	Y 9	Amount \$50.00
Full Name of Contributor Kathryn Congrove						Registration Number, if PAC			
Street Address 5806 Chiddingstone Ln			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH	Zip Code 43082		M 0	D 4	Y 2	Y 9	Amount \$25.00
Full Name of Contributor Marilyn Donahue						Registration Number, if PAC			
Street Address 1012 Hardesty Place W			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ch		
City Columbus		State OH	Zip Code 43204		M 0	D 4	Y 2	Y 8	Amount \$50.00
Full Name of Contributor Marilyn Donahue						Registration Number, if PAC			
Street Address 1012 Hardesty Place W			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) ch		
City Columbus		State OH	Zip Code 43204		M 0	D 4	Y 2	Y 9	Amount \$50.00

* 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 **\$625.00**