

# Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED  
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FRANKLIN COUNTY  
BOARD OF ELECTIONS

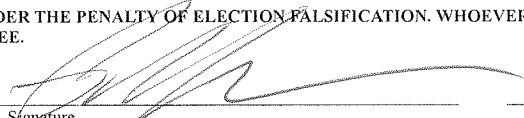
Full Name of Committee <b>Committee 4 Children</b>						Registration Number, if PAC/CTIONS									
Full Name of Candidate															
Street Address <b>230 West Street, Suite 700</b>						Office Sought			District						
City <b>Columbus</b>						State <b>OH</b>		Zip Code <b>43215</b>							
Type of Report (place X to the left of report type)	<input type="checkbox"/>	Pre-Primary	<input type="checkbox"/>	Post-Primary	<input checked="" type="checkbox"/>	Pre-General	<input type="checkbox"/>	Post-General	<input type="checkbox"/>	Annual Year					
	<input type="checkbox"/>	July Monthly	<input type="checkbox"/>	August Monthly	<input type="checkbox"/>	September Monthly	<input type="checkbox"/>	Termination	<input type="checkbox"/>	Semiannual					
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date of Election			1	M	1	0	D	3	0	Y	9

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box  No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	\$49,878.34
2. Total monetary contributions (From Form No. 31-A)	\$	\$115,198.12
3. Total other income (From Form No. 31-A-2)	\$	.
4. Total funds available (sum of lines 1, 2, 3)	\$	\$165,076.46
5. Total monetary expenditures (From Form No. 31-B)	\$	\$85,643.62
6. Balance on hand (line 4 minus line 5)	\$	\$79,432.84
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	.
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	\$234.90
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	\$0.00
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	\$25,853.01
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	\$0.00
12. Value of independent expenditures made (From Form No. 31-U)	\$	.
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	.

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Paul R Anderson, Treasurer  
Print Name and Title (Treasurer and Deputy Treasurer only)

  
Signature  
10/21/09  
Date

Contribution pages 18

Expenditure pages 3

Other pages 2

Total pages 23

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>							
Full Name of Contributor <b>Doris Calloway Moore</b>						Registration Number, if PAC	
Street Address <b>883 Schillingwood Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>7</b>	Y <b>0209</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>Sharon Rae Watkins</b>						Registration Number, if PAC	
Street Address <b>4394 Dublin Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>7</b>	Y <b>0209</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Talis Sports &amp; Event Marketing Inc</b>						Registration Number, if PAC	
Street Address <b>1535 Refugee Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43207</b>	M <b>0</b>	D <b>7</b>	Y <b>0209</b>	Amount <b>\$515.00</b>
Full Name of Contributor <b>Youth Advocate Services Inc</b>						Registration Number, if PAC	
Street Address <b>965 E Broad Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43205</b>	M <b>0</b>	D <b>7</b>	Y <b>0209</b>	Amount <b>\$3,000.00</b>
Full Name of Contributor <b>Living in Family Environments, Inc</b>						Registration Number, if PAC	
Street Address <b>142 North High Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>7</b>	Y <b>0209</b>	Amount <b>\$1,500.00</b>
Full Name of Contributor <b>Maryhaven</b>						Registration Number, if PAC	
Street Address <b>1791 Alum Creek Drive</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43207</b>	M <b>0</b>	D <b>7</b>	Y <b>2409</b>	Amount <b>\$3,000.00</b>
Full Name of Contributor <b>Compdrug Inc</b>						Registration Number, if PAC	
Street Address <b>547 E 11th Ave</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43211</b>	M <b>0</b>	D <b>7</b>	Y <b>2409</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>COVA</b>						Registration Number, if PAC	
Street Address <b>3770 N High Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>	M <b>0</b>	D <b>8</b>	Y <b>2409</b>	Amount <b>\$500.00</b>

\* 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>											
Full Name of Contributor <b>Wells Fargo Advisors, LLC</b>							Registration Number, if PAC				
Street Address <b>One North Jefferson</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>				
City <b>St. Louis</b>		State <b>MO</b>	Zip Code <b>63103</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Y <b>4</b>	Y <b>0</b>	Y <b>9</b>	Amount <b>\$10,000.00</b>
Full Name of Contributor <b>Bellefaire JCB</b>											
Street Address <b>22001 Fairmount Blvd</b>							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Shaker Heights</b>		State <b>OH</b>	Zip Code <b>44118</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Y <b>4</b>	Y <b>0</b>	Y <b>9</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>Doy Services, Inc</b>											
Street Address <b>7100 E Livingston Ave</b>							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>		State <b>OH</b>	Zip Code <b>43068</b>		M <b>0</b>	D <b>8</b>	Y <b>1</b>	Y <b>4</b>	Y <b>0</b>	Y <b>9</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>John Edwards</b>											
Street Address <b>990 Gray Dr</b>							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>		State <b>OH</b>	Zip Code <b>43147</b>		M <b>0</b>	D <b>8</b>	Y <b>1</b>	Y <b>4</b>	Y <b>0</b>	Y <b>9</b>	Amount <b>\$325.00</b>
Full Name of Contributor <b>S.A.F.Y. of America, Inc</b>											
Street Address <b>10100 Elida Rd</b>							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Delphos</b>		State <b>OH</b>	Zip Code <b>45833</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Y <b>1</b>	Y <b>0</b>	Y <b>9</b>	Amount <b>\$3,000.00</b>
Full Name of Contributor <b>Columbus Federation of Settlements</b>											
Street Address <b>1500 E 17th Ave</b>							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43219</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Y <b>1</b>	Y <b>0</b>	Y <b>9</b>	Amount <b>\$1,700.00</b>
Full Name of Contributor <b>Sharon Rae Watkins</b>											
Street Address <b>4394 Dublin Rd</b>							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Y <b>1</b>	Y <b>0</b>	Y <b>9</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>Pamela Rickard</b>											
Street Address <b>559 Haversham Dr</b>							Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>		M <b>0</b>	D <b>8</b>	Y <b>2</b>	Y <b>1</b>	Y <b>0</b>	Y <b>9</b>	Amount <b>\$50.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>							
Full Name of Contributor <b>Katherine Schwarz</b>						Registration Number, if PAC	
Street Address <b>3127 Walden Ravines</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Heather Saling</b>						Registration Number, if PAC	
Street Address <b>5589 Morgan Court</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>		State <b>OH</b>	Zip Code <b>43125</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>Henry Martinez</b>						Registration Number, if PAC	
Street Address <b>2656 Sawmill Meadows</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Deborra Armstrong</b>						Registration Number, if PAC	
Street Address <b>7152 Calusa Dr</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>		State <b>OH</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$300.00</b>
Full Name of Contributor <b>Cathy Reeves</b>						Registration Number, if PAC	
Street Address <b>3424 Red Cedar Ct</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Paula Kuzelka</b>						Registration Number, if PAC	
Street Address <b>74 Front Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Commercial Point</b>		State <b>OH</b>	Zip Code <b>43116</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>United Methodist Children's Home</b>						Registration Number, if PAC	
Street Address <b>1033 High Street</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Worthington</b>		State <b>OH</b>	Zip Code <b>43085</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$3,000.00</b>
Full Name of Contributor <b>Caregivers Helpers</b>						Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Cashiers Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$1,000.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>							
Full Name of Contributor <b>Parenthesis Family Advocates</b>						Registration Number, if PAC	
Street Address <b>6500 Taylor Road SW</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>		State <b>OH</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$1,125.00</b>
Full Name of Contributor <b>Mary Kay Hawkins</b>						Registration Number, if PAC	
Street Address <b>1430 Lorraine Ave</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$250.00</b>
Full Name of Contributor <b>Judy Kay Murray</b>						Registration Number, if PAC	
Street Address <b>13347 Sandover PI NW</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>		State <b>OH</b>	Zip Code <b>43147</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$700.00</b>
Full Name of Contributor <b>Barbara Kavicky</b>						Registration Number, if PAC	
Street Address <b>7167 Winding Brook Ct</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Jan Jenkins Gibbons</b>						Registration Number, if PAC	
Street Address <b>2289 Worthingwoods Blvd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Powell</b>		State <b>OH</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$20.00</b>
Full Name of Contributor <b>Joy Soll</b>						Registration Number, if PAC	
Street Address <b>141 Drexel Ave</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Bexley</b>		State <b>OH</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$500.00</b>
Full Name of Contributor <b>Gwen A Abbott</b>						Registration Number, if PAC	
Street Address <b>3848 King James Rd</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Diane Bennett</b>						Registration Number, if PAC	
Street Address <b>555 N Columbia Ave</b>			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>0</b>	Amount <b>\$50.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>							Registration Number, if PAC	
Full Name of Contributor <b>Sherry Wakely</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>562 Dowling</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Ashville</b>	State <b>OH</b>	Zip Code <b>43103</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	<b>4</b>	<b>0</b>	<b>9</b>
Full Name of Contributor <b>Gilbert Quick</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>2533 Schaaf Dr</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	<b>4</b>	<b>0</b>	<b>9</b>
Full Name of Contributor <b>Kay Marshall</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>288 Mimring Rd</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43202</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	<b>4</b>	<b>0</b>	<b>9</b>
Full Name of Contributor <b>Abigail Wexner</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>1 Whitebarn Road</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	<b>4</b>	<b>0</b>	<b>9</b>
Full Name of Contributor <b>John Saros</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>1682 Brookwood Dr</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Akron</b>	State <b>OH</b>	Zip Code <b>44313</b>	M <b>0</b>	D <b>9</b>	Y <b>1</b>	<b>4</b>	<b>0</b>	<b>9</b>
Full Name of Contributor <b>Joan Radcliff</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>1820 Upper Valley Dr</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>West Jefferson</b>	State <b>OH</b>	Zip Code <b>43162</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	<b>1</b>	<b>0</b>	<b>9</b>
Full Name of Contributor <b>Pamela Schirner</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>1914 Oaklawn Ct</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	<b>1</b>	<b>0</b>	<b>9</b>
Full Name of Contributor <b>Carol Maddox</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>6279 Misty Cove Ln</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43231</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	<b>1</b>	<b>0</b>	<b>9</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>						
Full Name of Contributor <b>The Village Network</b>					Registration Number, if PAC	
Street Address <b>P.O. Box 518</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Smithville</b>		State <b>OH</b>	Zip Code <b>44677</b>	M <b>0</b>	D <b>9</b>	Y <b>2 1 0 9</b>
					Amount <b>\$3,000.00</b>	
Full Name of Contributor <b>Deborrha Armstrong</b>					Registration Number, if PAC	
Street Address <b>7152 Calusa Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>		State <b>OH</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>9</b>	Y <b>2 1 0 9</b>
					Amount <b>\$50.00</b>	
Full Name of Contributor <b>Vickie Dengg</b>					Registration Number, if PAC	
Street Address <b>715 Amity Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Galloway</b>		State <b>OH</b>	Zip Code <b>43119</b>	M <b>0</b>	D <b>9</b>	Y <b>2 1 0 9</b>
					Amount <b>\$50.00</b>	
Full Name of Contributor <b>Jan Jenkins Gibbons</b>					Registration Number, if PAC	
Street Address <b>2289 Worthingwoods Blvd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Powell</b>		State <b>OH</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>9</b>	Y <b>2 1 0 9</b>
					Amount <b>\$20.00</b>	
Full Name of Contributor <b>Joyce Ann Maurer</b>					Registration Number, if PAC	
Street Address <b>854 Mueller Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>		State <b>OH</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>9</b>	Y <b>2 1 0 9</b>
					Amount <b>\$125.00</b>	
Full Name of Contributor <b>Anne O'Leary</b>					Registration Number, if PAC	
Street Address <b>854 Mueller Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>		State <b>OH</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>9</b>	Y <b>2 1 0 9</b>
					Amount <b>\$125.00</b>	
Full Name of Contributor <b>Nationwide Mutual Insurance Company</b>					Registration Number, if PAC	
Street Address <b>One Nationwide Plaza</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>9</b>	Y <b>2 1 0 9</b>
					Amount <b>\$10,000.00</b>	
Full Name of Contributor <b>M/I Homes, LLC</b>					Registration Number, if PAC	
Street Address <b>3 Easton Oval, Suite 420</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43219</b>	M <b>0</b>	D <b>9</b>	Y <b>2 8 0 9</b>
					Amount <b>\$2,500.00</b>	

\* 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)]

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>						
Full Name of Contributor <b>Christine Kade</b>					Registration Number, if PAC	
Street Address <b>4481 Floyd Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Chwxx</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43232</b>	M <b>0</b>	D <b>9</b>	Y <b>2 8 0 9</b>	Amount <b>\$200.00</b>
Full Name of Contributor <b>Maureen Bosart</b>					Registration Number, if PAC	
Street Address <b>3126 Melbury Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>9</b>	Y <b>2 8 0 9</b>	Amount <b>\$150.00</b>
Full Name of Contributor <b>Berea Children's Home &amp; Family Services</b>					Registration Number, if PAC	
Street Address <b>202 E Bagley Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Berea</b>	State <b>OH</b>	Zip Code <b>44017</b>	M <b>0</b>	D <b>9</b>	Y <b>2 8 0 9</b>	Amount <b>\$1,760.00</b>
Full Name of Contributor <b>Action for Children</b>					Registration Number, if PAC	
Street Address <b>78 Jefferson Avenue</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>9</b>	Y <b>2 1 0 9</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Katherine Canada</b>					Registration Number, if PAC	
Street Address <b>112 Executive Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>0</b>	D <b>9</b>	Y <b>2 1 0 9</b>	Amount <b>\$1,000.00</b>
Full Name of Contributor <b>Dana Mattison</b>					Registration Number, if PAC	
Street Address <b>3433 Cheshire Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Delaware</b>	State <b>OH</b>	Zip Code <b>43015</b>	M <b>0</b>	D <b>9</b>	Y <b>2 1 0 9</b>	Amount <b>\$200.00</b>
Full Name of Contributor <b>Wolfe Enterprises, Inc</b>					Registration Number, if PAC	
Street Address <b>34 S Third Street</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>9</b>	Y <b>2 1 0 9</b>	Amount <b>\$2,500.00</b>
Full Name of Contributor <b>Booker Rene Coats</b>					Registration Number, if PAC	
Street Address <b>1833 Kent St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43205</b>	M <b>0</b>	D <b>9</b>	Y <b>2 1 0 9</b>	Amount <b>\$200.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>							Registration Number, if PAC	
Full Name of Contributor <b>Pamela Kay Prosser</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>3128 Dublin Rd</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	<b>1 0 9</b>	<b>\$25.00</b>
Full Name of Contributor <b>Cardinal Health</b>							Registration Number, if PAC	
Street Address <b>7000 Cardinal Place</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>7000 Cardinal Place</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43017</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	<b>8 0 9</b>	<b>\$5,000.00</b>
Full Name of Contributor <b>Safe Auto Insurance Company</b>							Registration Number, if PAC	
Street Address <b>4 Easton Oval</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>4 Easton Oval</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43219</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	<b>8 0 9</b>	<b>\$2,000.00</b>
Full Name of Contributor <b>Foundation for Living</b>							Registration Number, if PAC	
Street Address <b>1451 Lucas Road</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>1451 Lucas Road</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Mansfield</b>		State <b>OH</b>	Zip Code <b>44905</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	<b>8 0 9</b>	<b>\$1,000.00</b>
Full Name of Contributor <b>Sheila Kochis</b>							Registration Number, if PAC	
Street Address <b>3476 Graystone Dr</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>3476 Graystone Dr</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43232</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	<b>5 0 9</b>	<b>\$50.00</b>
Full Name of Contributor <b>United Methodist Children's Home</b>							Registration Number, if PAC	
Street Address <b>1033 High Street</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>1033 High Street</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Worthington</b>		State <b>OH</b>	Zip Code <b>43085</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	<b>5 0 9</b>	<b>\$3,000.00</b>
Full Name of Contributor <b>The Bair Foundation</b>							Registration Number, if PAC	
Street Address <b>241 High Street</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>241 High Street</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>New Wilmington</b>		State <b>PA</b>	Zip Code <b>16142</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	<b>5 0 9</b>	<b>\$3,000.00</b>
Full Name of Contributor <b>Camela Foster</b>							Registration Number, if PAC	
Street Address <b>9600 Waterford Pl, Apt 102</b>							Form (Cash, Check, etc.) <b>Check</b>	
Street Address <b>9600 Waterford Pl, Apt 102</b>			Employer/Occupation/Labor Organization*				Amount	
City <b>Loveland</b>		State <b>OH</b>	Zip Code <b>45140</b>	M <b>1</b>	D <b>0</b>	Y <b>0</b>	<b>5 0 9</b>	<b>\$50.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>									
Full Name of Contributor <b>Federation of Franklin County Children Services Employees - Local #3143</b>							Registration Number, if PAC		
Street Address <b>P.O. Box 06617</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43206</b>		M <b>1</b>	D <b>0</b>	Y <b>1309</b>	Amount <b>\$1,000.00</b>	
Full Name of Contributor <b>Eric Fenner</b>							Registration Number, if PAC		
Street Address <b>1231 Buoy Ct</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>		State <b>OH</b>	Zip Code <b>43082</b>		M <b>1</b>	D <b>0</b>	Y <b>1309</b>	Amount <b>\$200.00</b>	
Full Name of Contributor <b>Marcia Hershfield</b>							Registration Number, if PAC		
Street Address <b>78 N Parkview Ave</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43209</b>		M <b>1</b>	D <b>0</b>	Y <b>1309</b>	Amount <b>\$36.00</b>	
Full Name of Contributor <b>Robert J Weiler</b>							Registration Number, if PAC		
Street Address <b>41 S High St - Ste 1010</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>		M <b>1</b>	D <b>0</b>	Y <b>1309</b>	Amount <b>\$1,000.00</b>	
Full Name of Contributor <b>Beech Brook</b>							Registration Number, if PAC		
Street Address <b>3737 Lander Road</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Pepper Pike</b>		State <b>OH</b>	Zip Code <b>44124</b>		M <b>1</b>	D <b>0</b>	Y <b>1309</b>	Amount <b>\$300.00</b>	
Full Name of Contributor <b>The Buckeye Ranch Foundation</b>							Registration Number, if PAC		
Street Address <b>5665 Hoover Road</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>		M <b>1</b>	D <b>0</b>	Y <b>1309</b>	Amount <b>\$5,000.00</b>	
Full Name of Contributor <b>Stonehenge Partners Corp</b>							Registration Number, if PAC		
Street Address <b>191 W Nationwide Blvd - Ste 600</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>		M <b>1</b>	D <b>0</b>	Y <b>1309</b>	Amount <b>\$1,000.00</b>	
Full Name of Contributor <b>Susan Carter</b>							Registration Number, if PAC		
Street Address <b>3049 Brandon Rd</b>				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>		
City <b>Upper Arlington</b>		State <b>OH</b>	Zip Code <b>43221</b>		M <b>1</b>	D <b>0</b>	Y <b>1309</b>	Amount <b>\$200.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>						
Full Name of Contributor <b>Patricia Marcum</b>					Registration Number, if PAC	
Street Address <b>284 S Stanwood Rd</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Bexley</b>		State <b>OH</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>1 4 0 9</b>
				Amount <b>\$100.00</b>		
Full Name of Contributor <b>Linda Jordan</b>					Registration Number, if PAC	
Street Address <b>4853 Glenburn Ave</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
				Amount <b>\$25.00</b>		
Full Name of Contributor <b>E. Michael Fliegel</b>					Registration Number, if PAC	
Street Address <b>1650 Pendennis Ct</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
				Amount <b>\$25.00</b>		
Full Name of Contributor <b>Diann Stevens</b>					Registration Number, if PAC	
Street Address <b>1640 Regents Hill Dr</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43223</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
				Amount <b>\$25.00</b>		
Full Name of Contributor <b>Douglas Bailey</b>					Registration Number, if PAC	
Street Address <b>4208 Mayfair Ct N</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
				Amount <b>\$25.00</b>		
Full Name of Contributor <b>Ryland H Mullins</b>					Registration Number, if PAC	
Street Address <b>1388 E Long St</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43203</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
				Amount <b>\$25.00</b>		
Full Name of Contributor <b>Doris Calloway Moore</b>					Registration Number, if PAC	
Street Address <b>883 Schillingwood Dr</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
				Amount <b>\$25.00</b>		
Full Name of Contributor <b>Jack &amp; Marilyn Donahue</b>					Registration Number, if PAC	
Street Address <b>1012 Hardesty Place W</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43204</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
				Amount <b>\$100.00</b>		

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>						
Full Name of Contributor <b>Kathleen Isern</b>					Registration Number, if PAC	
Street Address <b>75 E Waterview Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Shawnee Hills</b>	State <b>OH</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Vickie L Kennedy</b>					Registration Number, if PAC	
Street Address <b>1500-B Burstock Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43206</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Kay Marshall</b>					Registration Number, if PAC	
Street Address <b>288 Mimring Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43202</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Judy Murray</b>					Registration Number, if PAC	
Street Address <b>13347 Sandover PI NW</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Pickerington</b>	State <b>OH</b>	Zip Code <b>43147</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Susan Carter</b>					Registration Number, if PAC	
Street Address <b>3049 Brandon Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Upper Arlington</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Susan Samuel</b>					Registration Number, if PAC	
Street Address <b>3466 Norwood St</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43224</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Sylyna France</b>					Registration Number, if PAC	
Street Address <b>5392 Brayton Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43232</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Belinda Jones</b>					Registration Number, if PAC	
Street Address <b>3639 Lakestone Cir</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) <b>Check</b>	
City <b>hILLIARD</b>	State <b>OH</b>	Zip Code <b>43026</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>	Amount <b>\$25.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>							
Full Name of Contributor <b>Marilyn Jenkins</b>						Registration Number, if PAC	
Street Address <b>4099 Loughmoor Dr</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Sharon Rae Watkins</b>						Registration Number, if PAC	
Street Address <b>4394 Dublin Rd</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43221</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Michael E Preston</b>						Registration Number, if PAC	
Street Address <b>4838 Downing Drive</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43232</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Betty Faris</b>						Registration Number, if PAC	
Street Address <b>2402 Spring Cress Ave</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Jane Osuga</b>						Registration Number, if PAC	
Street Address <b>3474 Highland St</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Phyllis Withers</b>						Registration Number, if PAC	
Street Address <b>4370 Glengold Dr</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Barbara Kavicky</b>						Registration Number, if PAC	
Street Address <b>7167 Winding Brook Ct</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43235</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$25.00</b>
Full Name of Contributor <b>Rebecca S Bonnell</b>						Registration Number, if PAC	
Street Address <b>4711 Scenic Dr</b>				Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$25.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>						
Full Name of Contributor <b>Fundraising Cash</b>					Registration Number, if PAC	
Street Address			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) <b>Cash</b>	
City	State <b>OH</b>	Zip Code	M <b>0</b>	D <b>8</b>	Y <b>2</b>	Amount <b>\$202.12</b>
Full Name of Contributor <b>Robert Marx</b>					Registration Number, if PAC	
Street Address <b>4677 Greyson Dr</b>			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$240.00</b>
Full Name of Contributor <b>Mainline</b>					Registration Number, if PAC	
Street Address <b>P.O. Box 940</b>			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$150.00</b>
Full Name of Contributor <b>Kathryn Congrove</b>					Registration Number, if PAC	
Street Address <b>5806 Chiddingstone Ln</b>			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43082</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$60.00</b>
Full Name of Contributor <b>Anne OLeary</b>					Registration Number, if PAC	
Street Address <b>854 Mueller Dr</b>			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Reynoldsburg</b>	State <b>OH</b>	Zip Code <b>43068</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$60.00</b>
Full Name of Contributor <b>James Zorn</b>					Registration Number, if PAC	
Street Address <b>9585 El Camino Lane</b>			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Plain City</b>	State <b>OH</b>	Zip Code <b>43064</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$60.00</b>
Full Name of Contributor <b>Robert Mc Claren</b>					Registration Number, if PAC	
Street Address <b>9481 Welch Rd</b>			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Orient</b>	State <b>OH</b>	Zip Code <b>43146</b>	M <b>0</b>	D <b>8</b>	Y <b>0</b>	Amount <b>\$60.00</b>
Full Name of Contributor <b>Christine Kirk</b>					Registration Number, if PAC	
Street Address <b>1035 Denman Ct</b>			Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Westerville</b>	State <b>OH</b>	Zip Code <b>43081</b>	M <b>0</b>	D <b>8</b>	Y <b>1</b>	Amount <b>\$60.00</b>

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>						
Full Name of Contributor <b>Duane Phillips</b>					Registration Number, if PAC	
Street Address <b>657 Sycamore mILL dR</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Gahanna</b>		State <b>OH</b>	Zip Code <b>43230</b>	M <b>0</b>	D <b>8</b>	Y <b>1 2 0 9</b>
					Amount <b>\$60.00</b>	
Full Name of Contributor <b>Lance Livi</b>					Registration Number, if PAC	
Street Address <b>886 Noddymill Ln E</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Worthington</b>		State <b>OH</b>	Zip Code <b>43085</b>	M <b>0</b>	D <b>8</b>	Y <b>1 2 0 9</b>
					Amount <b>\$60.00</b>	
Full Name of Contributor <b>Barbara Beaver</b>					Registration Number, if PAC	
Street Address <b>5837 Albany Grove</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Westerville</b>		State <b>OH</b>	Zip Code <b>43081</b>	M <b>0</b>	D <b>8</b>	Y <b>1 2 0 9</b>
					Amount <b>\$60.00</b>	
Full Name of Contributor <b>Bert Rose LLC</b>					Registration Number, if PAC	
Street Address <b>309 S 4th St, Ste 309</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>8</b>	Y <b>1 2 0 9</b>
					Amount <b>\$240.00</b>	
Full Name of Contributor <b>Heather Saling</b>					Registration Number, if PAC	
Street Address <b>5589 Morgan Court</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Groveport</b>		State <b>OH</b>	Zip Code <b>43125</b>	M <b>0</b>	D <b>8</b>	Y <b>1 2 0 9</b>
					Amount <b>\$120.00</b>	
Full Name of Contributor <b>Golden &amp; Meizlish Co., L.P.A.</b>					Registration Number, if PAC	
Street Address <b>923 East Broad Street</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43205</b>	M <b>0</b>	D <b>8</b>	Y <b>1 2 0 9</b>
					Amount <b>\$150.00</b>	
Full Name of Contributor <b>Eric Fenner</b>					Registration Number, if PAC	
Street Address <b>1231 Buoy Court</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Westerville</b>		State <b>OH</b>	Zip Code <b>43082</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
					Amount <b>\$60.00</b>	
Full Name of Contributor <b>Shawn Holt</b>					Registration Number, if PAC	
Street Address <b>8086 Griswold Dr</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>New Albany</b>		State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
					Amount <b>\$60.00</b>	

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# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>						
Full Name of Contributor <b>Rick F Jennings Jr</b>					Registration Number, if PAC	
Street Address <b>5945 Myrick Rd</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>		State <b>OH</b>	Zip Code <b>43016</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
					Amount <b>\$60.00</b>	
Full Name of Contributor <b>Kay Marshall</b>					Registration Number, if PAC	
Street Address <b>288 Mimring Rd</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43202</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
					Amount <b>\$120.00</b>	
Full Name of Contributor <b>Michael Preston</b>					Registration Number, if PAC	
Street Address <b>4838 Downing Drive</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43232</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
					Amount <b>\$60.00</b>	
Full Name of Contributor <b>A New Leaf</b>					Registration Number, if PAC	
Street Address <b>P.O. Box 615</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Kingston</b>		State <b>OH</b>	Zip Code <b>45644</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
					Amount <b>\$240.00</b>	
Full Name of Contributor <b>Berea Children's Home and Family Services</b>					Registration Number, if PAC	
Street Address <b>202 E Bagley Road</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Berea</b>		State <b>OH</b>	Zip Code <b>44017</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
					Amount <b>\$240.00</b>	
Full Name of Contributor <b>Robert L Mosley Jr</b>					Registration Number, if PAC	
Street Address <b>332 Amber Wood Way</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Lewis Center</b>		State <b>OH</b>	Zip Code <b>43035</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
					Amount <b>\$240.00</b>	
Full Name of Contributor <b>Triumph Communications</b>					Registration Number, if PAC	
Street Address <b>1480 Dublin Road</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43215</b>	M <b>0</b>	D <b>8</b>	Y <b>2 1 0 9</b>
					Amount <b>\$150.00</b>	
Full Name of Contributor <b>Samuel Moore</b>					Registration Number, if PAC	
Street Address <b>2283 Buttercup Ln</b>			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) <b>Check</b>	
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>	M <b>0</b>	D <b>8</b>	Y <b>2 6 0 9</b>
					Amount <b>\$240.00</b>	

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