

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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

* 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 \$15,870.00