

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|  |  |                    |   |               |               |                                   |                             |
|--|--|--------------------|---|---------------|---------------|-----------------------------------|-----------------------------|
| Name of Committee in Full<br><b>Committee 4 Children</b>             |  |                    |   |               |               |                                   |                             |
| Full Name of Contributor<br><b>George M Celizic</b>                  |  |                    |   |               |               | Registration Number, if PAC       |                             |
| Street Address<br><b>5270 Bethel Woods Dr</b>                        |  |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>check |                             |
| City<br><b>Columbus</b>  |  | State<br><b>OH</b> | Zip Code<br><b>43220</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                     | Amount<br><b>\$50.00</b>    |
| Full Name of Contributor<br><b>Paul R Anderson</b>                   |  |                    |   |               |               | Registration Number, if PAC       |                             |
| Street Address<br><b>3415 Scioto Run Blvd</b>                        |  |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>check |                             |
| City<br><b>Hilliard</b>  |  | State<br><b>OH</b> | Zip Code<br><b>43026</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                     | Amount<br><b>\$500.00</b>   |
| Full Name of Contributor<br><b>Golden &amp; Meizlish Co., L.P.A.</b> |  |                    |   |               |               | Registration Number, if PAC       |                             |
| Street Address<br><b>923 East Broad St</b>                           |  |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>check |                             |
| City<br><b>Columbus</b>  |  | State<br><b>OH</b> | Zip Code<br><b>43205</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                     | Amount<br><b>\$500.00</b>   |
| Full Name of Contributor<br><b>Fundraising cash</b>                  |  |                    |   |               |               | Registration Number, if PAC       |                             |
| Street Address   |  |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>cash  |                             |
| City   |  | State<br><b>OH</b> | Zip Code                                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                     | Amount<br><b>\$235.00</b>   |
| Full Name of Contributor<br><b>Annette Scott-Williams</b>            |  |                    |   |               |               | Registration Number, if PAC       |                             |
| Street Address<br><b>1863 Barnett Ct, E</b>                          |  |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>check |                             |
| City<br><b>Columbus</b>  |  | State<br><b>OH</b> | Zip Code<br><b>43227</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                     | Amount<br><b>\$25.00</b>    |
| Full Name of Contributor<br><b>Doris Calloway Moore</b>              |  |                    |   |               |               | Registration Number, if PAC       |                             |
| Street Address<br><b>883 Schillingwood Dr</b>                        |  |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>check |                             |
| City<br><b>Gahanna</b>   |  | State<br><b>OH</b> | Zip Code<br><b>43230</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                     | Amount<br><b>\$70.00</b>    |
| Full Name of Contributor<br><b>Mary E Evans</b>                      |  |                    |   |               |               | Registration Number, if PAC       |                             |
| Street Address<br><b>2441 Natchez Dr</b>                             |  |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>check |                             |
| City<br><b>Columbus</b>  |  | State<br><b>OH</b> | Zip Code<br><b>43209</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                     | Amount<br><b>\$20.00</b>    |
| Full Name of Contributor<br><b>Ohio Health</b>                       |  |                    |   |               |               | Registration Number, if PAC       |                             |
| Street Address<br><b>PO Box 9</b>                                    |  |                    | Employer/Occupation/Labor Organization* |               |               | Form (Cash, Check, etc.)<br>check |                             |
| City<br><b>Columbus</b>  |  | State<br><b>OH</b> | Zip Code<br><b>43216</b>                | M<br><b>1</b> | D<br><b>0</b> | Y<br><b>2</b>                     | Amount<br><b>\$1,000.00</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)]