

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | |
|---|-------------|---|--------|-----------------------------|-----------------------------------|-----------------------|
| Name of Committee in Full Committee 4 Children | | | | | | |
| Full Name of Contributor Matthew Gill | | | | Registration Number, if PAC | | |
| Street Address 6726 Collingwood Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Westerville | State OH | Zip Code 43082 | M 0 | D 9 | Y 0 | Amount \$100.00 |
| Full Name of Contributor Ohio State Schools or Cosmetology | | | | Registration Number, if PAC | | |
| Street Address 1720 East Broad Street | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43203 | M 0 | D 9 | Y 0 | Amount \$114.00 |
| Full Name of Contributor Retirement Plans Inc | | | | Registration Number, if PAC | | |
| Street Address 635 Park Meadow Rd, STE 108 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Westerville | State OH | Zip Code 43081 | M 0 | D 9 | Y 0 | Amount \$160.00 |
| Full Name of Contributor Jay R Zollars | | | | Registration Number, if PAC | | |
| Street Address 1515 Bethel Road | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43220 | M 0 | D 9 | Y 0 | Amount \$100.00 |
| Full Name of Contributor Crane Group Co | | | | Registration Number, if PAC | | |
| Street Address 330 Spring Street, STE 200 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43215 | M 0 | D 9 | Y 0 | Amount \$10,000.00 |
| Full Name of Contributor Squire Patton Boggs | | | | Registration Number, if PAC | | |
| Street Address 41 South High Street, STE 2000 | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43215 | M 0 | D 9 | Y 0 | Amount \$1,000.00 |
| Full Name of Contributor Katherine R Lyons | | | | Registration Number, if PAC | | |
| Street Address 7378 Murrayfield Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Worthington | State OH | Zip Code 43085 | M 0 | D 9 | Y 0 | Amount \$25.00 |
| Full Name of Contributor Darci L Congrove | | | | Registration Number, if PAC | | |
| Street Address 756 Jaeger St | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43206 | M 0 | D 9 | Y 0 | Amount \$250.00 |

* 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 \$11,749.00