

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor Caregivers Helper, Inc.					Registration Number, if PAC	
Street Address 2176 Citygate Dr			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cashier's Check	
City Columbus		State OH	Zip Code 43219	M 0	D 5	Y 2 9 1 4
Amount \$500.00						
Full Name of Contributor Christine Kade					Registration Number, if PAC	
Street Address 9614 State Route 752			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal	
City Ashville		State OH	Zip Code 43103	M 0	D 5	Y 2 9 1 4
Amount \$500.00						
Full Name of Contributor Elizabeth Crabtree					Registration Number, if PAC	
Street Address 150 S Roys Ave			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43204	M 0	D 5	Y 2 9 1 4
Amount \$150.00						
Full Name of Contributor Ruth Cavin					Registration Number, if PAC	
Street Address 1312 Crestwood Ave			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43227	M 0	D 5	Y 2 9 1 4
Amount \$150.00						
Full Name of Contributor Sherry L Wakely					Registration Number, if PAC	
Street Address 562 Dowling Ave			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Ashville		State OH	Zip Code 43103	M 0	D 5	Y 2 9 1 4
Amount \$50.00						
Full Name of Contributor Dana S Preisse					Registration Number, if PAC	
Street Address 373 S High St #61			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 0	D 5	Y 2 9 1 4
Amount \$50.00						
Full Name of Contributor Reyahd D Kazmi					Registration Number, if PAC	
Street Address 670 W Wayman St Apt 1406			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Chicago		State IL	Zip Code 60661	M 0	D 5	Y 2 9 1 4
Amount \$300.00						
Full Name of Contributor F Edward Sparks					Registration Number, if PAC	
Street Address 9980 Hyland Croy Rd			Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Plain City		State OH	Zip Code 43064	M 0	D 5	Y 2 9 1 4
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)]