

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Doug Moore							Registration Number, if PAC		
Street Address 762 Fairwood Avenue				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Columbus		State OH		Zip Code 43205		M 0		D 5	
						Y 0		Amount \$50.00	
Full Name of Contributor Kathy M Kerr							Registration Number, if PAC		
Street Address 907 Linworth Village Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43235		M 0		D 5	
						Y 0		Amount \$50.00	
Full Name of Contributor Marsha B Calloway							Registration Number, if PAC		
Street Address 465 Parkview Ave Apt 4				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43209		M 0		D 5	
						Y 0		Amount \$50.00	
Full Name of Contributor Karen Susan Days							Registration Number, if PAC		
Street Address 4330 Danforth Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43224		M 0		D 5	
						Y 0		Amount \$50.00	
Full Name of Contributor Frieda McKarn							Registration Number, if PAC		
Street Address 179 N Garfield Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43203		M 0		D 5	
						Y 2		Amount \$25.00	
Full Name of Contributor NYAP - Ohio							Registration Number, if PAC		
Street Address 1801 Watermark Drive #200				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 5	
						Y 2		Amount \$4,125.00	
Full Name of Contributor Anne C O'Leary							Registration Number, if PAC		
Street Address 624 Creek Ln				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Westerville		State OH		Zip Code 43081		M 0		D 5	
						Y 2		Amount \$1,000.00	
Full Name of Contributor Susan Carter							Registration Number, if PAC		
Street Address 3049 Brandon Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Upper Arlington		State OH		Zip Code 43221		M 0		D 5	
						Y 2		Amount \$200.00	

* 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 **\$5,550.00**