

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children							
Full Name of Contributor Joy Soll					Registration Number, if PAC		
Street Address 141 S Drexel Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Bexley	State OH	Zip Code 43209	M 1	D 0	Y 2	Amount \$200.00	
Full Name of Contributor Donald S Van Meter					Registration Number, if PAC		
Street Address 530 Cardinal Hill Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Powell	State OH	Zip Code 43065	M 1	D 0	Y 2	Amount \$100.00	
Full Name of Contributor Donald S Van Meter					Registration Number, if PAC		
Street Address 530 Cardinal Hill Ln		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Powell	State OH	Zip Code 43065	M 1	D 0	Y 2	Amount \$300.00	
Full Name of Contributor Jireh Services, Inc.					Registration Number, if PAC		
Street Address 3509 Refugee Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43232	M 1	D 0	Y 2	Amount \$100.00	
Full Name of Contributor Fundraising Cash					Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) cash		
City	State OH	Zip Code	M 1	D 0	Y 2	Amount \$85.00	
Full Name of Contributor Gena Stone-Phillips					Registration Number, if PAC		
Street Address 7694 Kelvinway Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Worthington	State OH	Zip Code 43085	M 1	D 0	Y 2	Amount \$50.00	
Full Name of Contributor Deborrha A 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 1	D 0	Y 2	Amount \$100.00	
Full Name of Contributor Donna A James					Registration Number, if PAC		
Street Address One Miranova Place, Ste 1040		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43215	M 1	D 0	Y 2	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 **\$1,185.00**