

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor Battelle				Registration Number, if PAC		
Street Address 505 King Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43201	M 1	D 1	Y 0 2 0 9	Amount \$2,500.00
Full Name of Contributor Huntington National Bank				Registration Number, if PAC		
Street Address P.O. Box 1558		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43219	M 1	D 1	Y 0 2 0 9	Amount \$2,500.00
Full Name of Contributor National City Bank				Registration Number, if PAC		
Street Address 155 East Broad Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 0 3 0 9	Amount \$1,000.00
Full Name of Contributor Kent Markus				Registration Number, if PAC		
Street Address 5638 Indian Hill Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Dublin	State OH	Zip Code 43017	M 1	D 1	Y 0 3 0 9	Amount \$250.00
Full Name of Contributor Columbia Gas of Ohio				Registration Number, if PAC		
Street Address 200 Civic Center Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43215	M 1	D 1	Y 0 3 0 9	Amount \$1,000.00
Full Name of Contributor A New Leaf, Inc.				Registration Number, if PAC		
Street Address P.O. Box 615		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Kingston	State OH	Zip Code 45644	M 1	D 1	Y 0 3 0 9	Amount \$90.00
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 1	Y 0 3 0 9	Amount \$141.50
Full Name of Contributor Harry M Griggs				Registration Number, if PAC		
Street Address 4229 Olentangy River Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	M 1	D 1	Y 0 3 0 9	Amount \$100.00

* 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)]