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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children				
Full Name of Contributor			Registration Number, if P.	AC
Duane Phillips		*		Form (Cash, Check, etc.)
Street Address 657 Sycamore mILL dR	Employer/Occuj	pation/Labor Organization*		Check
City Gahanna	State OH	Zip Code 43230	M D Y O 9	Amount \$60.00
Full Name of Contributor			Registration Number, if P.	AC
Lance Livi				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check
886 Noddymill Ln E	04-4-	Zip Code	M D Y	Amount
City Worthington	State OH	43085	0 8 1 2 0 9	\$60.00
Name of Contributor Registration Number, if PA			AC	
Street Address	Employer/Occur	pation/Labor Organization*		Form (Cash, Check, etc.)
5837 Albany Grove	Employer/Occu			Check
City Westerville	State OH	Zip Code 43081	0 8 1 2 0 9	Amount \$60.00
Full Name of Contributor Bert Rose LLC			Registration Number, if P	AC
	TE 1 6	" (Taban Oranization*		Form (Cash, Check, etc.)
Street Address 309 S 4th St, Ste 309	Employer/Occu	pation/Labor Organization*		Check
City Columbus	State OH	Zip Code 43215	0 8 1 2 0 9	Amount \$240.00
Full Name of Contributor		1	Registration Number, if F	AC
Heather Saling				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
5589 Morgan Court				Check
City Groveport	Stalte OH	Zip Code 43125	0 8 1 2 0 9	Amount \$120.00
Full Name of Contributor	1		Registration Number, if F	PAC
Golden & Meizlish Co., L.P.A.				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) Check
923 East Broad Street			I ME TO THE	
City Columbus	State OH	Zip Code 43205	0 8 1 2 0 9	Amount \$150.00
Full Name of Contributor			Registration Number, if I	PAC
Eric Fenner				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
1231 Buoy Court				Check
City Westerville	State OH	Zip Code 43082	0 B 2 1 0 9	Amount \$60.00
Full Name of Contributor Registration Number, if PA Shawn Holt				PAC
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
8086 Griswold Dr				Check
City New Albany	State OH	Zip Code 43054	$\begin{bmatrix} M \\ 0 \end{bmatrix} 8 \begin{bmatrix} D \\ 2 \end{bmatrix} 1 \begin{bmatrix} Y \\ 0 \end{bmatrix} 9$	Amount \$60.00

Page Total \$810.00

^{*} 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)]