

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
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 3	Y 2 6 1 4
				Amount \$2,250.00		
Full Name of Contributor The Bair Foundation				Registration Number, if PAC		
Street Address 241 High Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City New Wilmington	State PA	Zip Code 16142		M 0	D 4	Y 0 1 1 4
				Amount \$5,500.00		
Full Name of Contributor Triumph Communications				Registration Number, if PAC		
Street Address 1480 Dublin Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215		M 0	D 4	Y 0 9 1 4
				Amount \$1,000.00		
Full Name of Contributor Doris Calloway Moore				Registration Number, if PAC		
Street Address 883 Schillingwood Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Gahanna	State OH	Zip Code 43230		M 0	D 4	Y 0 9 1 4
				Amount \$1,000.00		
Full Name of Contributor Kay B Marshall				Registration Number, if PAC		
Street Address 288 Mimring Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43202		M 0	D 4	Y 0 9 1 4
				Amount \$500.00		
Full Name of Contributor Jill K Frost				Registration Number, if PAC		
Street Address 42 Latta Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43205		M 0	D 4	Y 0 9 1 4
				Amount \$50.00		
Full Name of Contributor Nationwide Mutual Insurance Company				Registration Number, if PAC		
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215		M 0	D 4	Y 1 5 1 4
				Amount \$25,000.00		
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)		
City	State OH	Zip Code		M	D	Y
				Amount		

* 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 **\$35,300.00**