

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor A New Leaf Inc				Registration Number, if PAC		
Street Address PO Box 615		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Kingston	State OH	Zip Code 45644	M 0	D 7	Y 0914	Amount \$600.00
Full Name of Contributor Jed W Morison				Registration Number, if PAC		
Street Address 2572 Brentwood Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 0	D 7	Y 0914	Amount \$120.00
Full Name of Contributor Reyahd D Kazmi				Registration Number, if PAC		
Street Address 670 W Wayman St - Apt 1406		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Chicago	State IL	Zip Code 60661	M 0	D 7	Y 0914	Amount \$720.00
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 7	Y 0914	Amount \$300.00
Full Name of Contributor Anthony L Brown				Registration Number, if PAC		
Street Address 643 Crossing Creek S		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 7	Y 0914	Amount \$300.00
Full Name of Contributor St. Stephen's Community House				Registration Number, if PAC		
Street Address 1500 East 17th Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43219	M 0	D 7	Y 0914	Amount \$600.00
Full Name of Contributor David Royer				Registration Number, if PAC		
Street Address 5517 Tayside Cir		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43016	M 0	D 7	Y 0914	Amount \$150.00
Full Name of Contributor Sherri D Orr				Registration Number, if PAC		
Street Address 375 Howland Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	M 0	D 7	Y 1114	Amount \$50.00

* 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 \$2,840.00