

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>									
Full Name of Contributor <b>Mary Gregg</b>						Registration Number, if PAC			
Street Address <b>54 Erie Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>PayPal</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43214</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>\$80.00</b>	
Full Name of Contributor <b>Walter Torain</b>						Registration Number, if PAC			
Street Address <b>8637 Bunch Flower Ct</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Westerville</b>		State <b>OH</b>	Zip Code <b>43082</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>\$150.00</b>	
Full Name of Contributor <b>Tina Rutherford</b>						Registration Number, if PAC			
Street Address <b>5825 Coneflower Dr</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>\$50.00</b>	
Full Name of Contributor <b>Linda McKnight</b>						Registration Number, if PAC			
Street Address <b>2768 Shelton Cir</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Hilliard</b>		State <b>OH</b>	Zip Code <b>43026</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Gale King</b>						Registration Number, if PAC			
Street Address <b>7857 Lambton Park Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>New Albany</b>		State <b>OH</b>	Zip Code <b>43054</b>		M <b>1</b>	D <b>0</b>	Y <b>0</b>	Amount <b>\$250.00</b>	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	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)]