Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full				
Committee 4 Children				
Full Name of Contributor Sherry Wakely			Registration Number, if PAC	
Street Address	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
562 Dowling				Check
City Ashville	State OH	Zip Code 43103	0 9 1 4 0 9	Amount \$50.00
Full Name of Contributor Registration Number, if PAC				
Gilbert Quick				
Street Address 2533 Schaaf Dr	Employer/Occup	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State	Zip Code	M D Y O 9 1 4 0 9	Amount \$80.00
Columbus	OH	43209		
Full Name of Contributor Kay Marshall				
Street Address	Employer/Occup	pation/Labor Organization*		Form (Cash, Check, etc.)
288 Mimring Rd				Check
City Columbus	State OH	Zip Code 43202	$\begin{bmatrix} 0 & 9 & 1 & 4 & 0 & 9 \end{bmatrix}$	Amount \$500.00
Full Name of Contributor Abigail Wexner Registration Number, if PAC				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
1 Whitebarn Road	Employenceda	pation Dator Organisation		Check
City	State	Zip Code	M D Y	Amount
New Albany	OH	43054	0 9 1 4 0 9	\$15,000.00
Full Name of Contributor John Saros Registration Number, if PAC				
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)
1682 Brookwood Dr				Check
City Akron	State OH	Zip Code 44313	$\begin{bmatrix} 0 & 9 & 1 & 4 & 0 \end{bmatrix}$	Amount \$50.00
Full Name of Contributor Joan Radcliff				PAC
Street Address	D 1 10	*		Form (Cash, Check, etc.)
1820 Upper Valley Dr	Employer/Occu	pation/Labor Organization*		Check
City West Jefferson	Stake OH	Zip Code 43162	0 9 2 1 0 9	Amount \$100.00
Full Name of Contributor			Registration Number, if I	PAC
Pamela Schirner		*		Form (Cash, Check, etc.)
Street Address 1914 Oaklawn Ct	Employer/Occupation/Labor Organization*			Check
City Grove City	State OH	Zip Code 43123	0 9 2 1 0 9	Amount \$500.00
Full Name of Contributor Carol Maddox Registration Number, if PAC				
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)
6279 Misty Cove Ln		-		Check
City Columbus	State OH	Zip Code 43231	M D Y O 9	Amount \$100.00

Page Total \$16,380.00

^{*} 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)]