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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 Big Brothers Big Sisters of Central Ohio			Registration Number, if F	Registration Number, if PAC	
Street Address 1855 E Dublin-Granville Rd	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	M D Y 0 5 0 5 1 4	Amount \$50.00	
Full Name of Contributor Heather Saling	Registration Number, if F	Registration Number, if PAC			
Street Address 5589 Morgan Court	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Groveport	State OH	Zip Code 43125	0 5 0 5 1 4	Amount \$1,000.00	
Full Name of Contributor Alice C Maddox Registration Number, if PAC					
Street Address 38 W Maplewood Ave	Employer/Occu	pation/Labor Organization*	· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.) Check	
City Dayton	State OH	Zip Code 45405	0 5 0 5 1 4	Amount \$1,000.00	
Full Name of Contributor Doris Calloway Moore				Registration Number, if PAC	
Street Address 883 Schillingwood Drive	Employer/Occu	pation/Labor Organization	<u> </u>	Form (Cash, Check, etc.) Paypal	
City Gahanna	State OH	Zip Code 43230	0 5 0 5 1 4	Amount \$50.00	
Full Name of Contributor Donald Van Meter Registration Number, if PAC					
Street Address 530 Cardinal Hill Lane	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Paypal	
City Powell	State OH	Zip Code 43065	$\begin{bmatrix} 0 \\ 0 \\ 5 \end{bmatrix} \begin{bmatrix} 0 \\ 0 \\ 5 \end{bmatrix} \begin{bmatrix} 1 \\ 4 \\ \end{bmatrix} \begin{bmatrix} 4 \\ 1 \\ \end{bmatrix} $	Amount \$100.00	
Full Name of Contributor Margaret G Lewis	Registration Number, if F	Registration Number, if PAC			
Street Address 201 Melbourne Pl	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Worthington	State OH	Zip Code 43085	0 5 0 9 1 4	Amount \$100.00	
Full Name of Contributor Juliana M Harrison	Registration Number, if P				
Street Address 1004 Conestoga Dr	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43213	0 5 0 9 1 4	Amount \$1,000.00	
Full Name of Contributor Maureen A Bosart Registration Number, if PA					
Street Address 3126 Melbury Dr	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	$\begin{bmatrix} M & D & Y \\ 0 & 5 & 0 & 9 & 1 & 4 \end{bmatrix}$	Amount \$250.00	

^{*} 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)]