

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Thelma Martinez							Registration Number, if PAC		
Street Address 2656 Sawmill Meadows				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State OH		Zip Code 43016		M 0		D 4	
						Y 2		Y 9	
						0		9	
							Amount \$25.00		
Full Name of Contributor Tom Fries Associates							Registration Number, if PAC		
Street Address 3400 Tonti Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State OH		Zip Code 43016		M 0		D 4	
						Y 2		Y 1	
						0		9	
							Amount \$500.00		
Full Name of Contributor Carie Marsh Ehrenborg							Registration Number, if PAC		
Street Address 7774 E Bowling Green Ln				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Lancaster		State OH		Zip Code 43130		M 0		D 4	
						Y 2		Y 9	
						0		9	
							Amount \$250.00		
Full Name of Contributor Cheryl DeVore Co., LPA							Registration Number, if PAC		
Street Address 5148 Blazer Parkway Ste A				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin		State OH		Zip Code 43017		M 0		D 4	
						Y 2		Y 9	
						0		9	
							Amount \$250.00		
Full Name of Contributor Action for Children							Registration Number, if PAC		
Street Address 78 Jefferson Avenue				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 0		D 4	
						Y 2		Y 8	
						0		9	
							Amount \$75.00		
Full Name of Contributor Ohio Hospital for Psychiatry							Registration Number, if PAC		
Street Address 880 Greenlawn Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43223		M 0		D 4	
						Y 2		Y 4	
						0		9	
							Amount \$100.00		
Full Name of Contributor Communities in Schools - Columbus							Registration Number, if PAC		
Street Address 510 East North Broadway, 4th Fl				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43214		M 0		D 4	
						Y 2		Y 8	
						0		9	
							Amount \$50.00		
Full Name of Contributor Mentoring Center of Central Ohio							Registration Number, if PAC		
Street Address 1855 E Dublin-Granville Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43229		M 0		D 4	
						Y 2		Y 7	
						0		9	
							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)]