

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children							
Full Name of Contributor Rick F Jennings Jr						Registration Number, if PAC	
Street Address 5945 Myrick Rd			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin		State OH	Zip Code 43016	M 0	D 8	Y 2	Amount \$60.00
Full Name of Contributor Kay 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 8	Y 2	Amount \$120.00
Full Name of Contributor Michael Preston						Registration Number, if PAC	
Street Address 4838 Downing Drive			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43232	M 0	D 8	Y 2	Amount \$60.00
Full Name of Contributor A New Leaf						Registration Number, if PAC	
Street Address P.O. Box 615			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Kingston		State OH	Zip Code 45644	M 0	D 8	Y 2	Amount \$240.00
Full Name of Contributor Berea Children's Home and Family Services						Registration Number, if PAC	
Street Address 202 E Bagley Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Berea		State OH	Zip Code 44017	M 0	D 8	Y 2	Amount \$240.00
Full Name of Contributor Robert L Mosley Jr						Registration Number, if PAC	
Street Address 332 Amber Wood Way			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Lewis Center		State OH	Zip Code 43035	M 0	D 8	Y 2	Amount \$240.00
Full Name of Contributor Triumph Communications						Registration Number, if PAC	
Street Address 1480 Dublin Road			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus		State OH	Zip Code 43215	M 0	D 8	Y 2	Amount \$150.00
Full Name of Contributor Samuel Moore						Registration Number, if PAC	
Street Address 2283 Buttercup Ln			Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City		State OH	Zip Code 43123	M 0	D 8	Y 2	Amount \$240.00

* 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 **\$1,350.00**