

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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|--|--------------------|---|---------------|-----------------------------|--|---------------------------|
| Name of Committee in Full Committee 4 Children | | | | | | |
| Full Name of Contributor Margaret O Rotolo | | | | Registration Number, if PAC | | |
| Street Address 1690 Merrick Rd | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43212 | M 0 | D 8 | Y 2 | Amount \$50.00 |
| Full Name of Contributor Sherry L Wakely | | | | Registration Number, if PAC | | |
| Street Address 562 Dowling Ave | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Ashville | State OH | Zip Code 43103 | M 0 | D 8 | Y 2 | Amount \$50.00 |
| Full Name of Contributor Katherine A Gatch | | | | Registration Number, if PAC | | |
| Street Address 502 Helmbright Dr | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Gahanna | State OH | Zip Code 43230 | M 0 | D 8 | Y 2 | Amount \$100.00 |
| Full Name of Contributor Elizabeth Crabtree | | | | Registration Number, if PAC | | |
| Street Address 150 S Roys Ave | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43204 | M 0 | D 8 | Y 2 | Amount \$100.00 |
| Full Name of Contributor Monique D McCrystal | | | | Registration Number, if PAC | | |
| Street Address 470 Siebert St | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | State OH | Zip Code 43206 | M 0 | D 8 | Y 2 | Amount \$50.00 |
| Full Name of Contributor Fundraiser | | | | Registration Number, if PAC | | |
| Street Address | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Cash | |
| City | State OH | Zip Code | M 0 | D 8 | Y 2 | Amount \$100.00 |
| Full Name of Contributor Henry J Merce | | | | Registration Number, if PAC | | |
| Street Address 4701 Ranier Ct | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Sylvania | State OH | Zip Code 43560 | M 0 | D 9 | Y 0 | Amount \$175.00 |
| Full Name of Contributor Todd A Hite | | | | Registration Number, if PAC | | |
| Street Address 5056 Killowen Court | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Gahanna | State OH | Zip Code 43230 | M 0 | D 9 | Y 0 | Amount \$35.00 |

* 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)]