

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Wells Fargo Advisors, LLC							Registration Number, if PAC		
Street Address One North Jefferson				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City St. Louis		State MO		Zip Code 63103		M 0		D 8	
						Y 2		Y 4	
						Y 0		Y 9	
							Amount \$10,000.00		
Full Name of Contributor Bellefaire JCB							Registration Number, if PAC		
Street Address 22001 Fairmount Blvd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Shaker Heights		State OH		Zip Code 44118		M 0		D 8	
						Y 2		Y 4	
						Y 0		Y 9	
							Amount \$1,000.00		
Full Name of Contributor Doy Services, Inc							Registration Number, if PAC		
Street Address 7100 E Livingston Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 8	
						Y 1		Y 4	
						Y 0		Y 9	
							Amount \$1,000.00		
Full Name of Contributor John Edwards							Registration Number, if PAC		
Street Address 990 Gray Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Pickerington		State OH		Zip Code 43147		M 0		D 8	
						Y 1		Y 4	
						Y 0		Y 9	
							Amount \$325.00		
Full Name of Contributor S.A.F.Y. of America, Inc							Registration Number, if PAC		
Street Address 10100 Elida Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Delphos		State OH		Zip Code 45833		M 0		D 8	
						Y 2		Y 1	
						Y 0		Y 9	
							Amount \$3,000.00		
Full Name of Contributor Columbus Federation of Settlements							Registration Number, if PAC		
Street Address 1500 E 17th Ave				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43219		M 0		D 8	
						Y 2		Y 1	
						Y 0		Y 9	
							Amount \$1,700.00		
Full Name of Contributor Sharon Rae Watkins							Registration Number, if PAC		
Street Address 4394 Dublin Rd				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43221		M 0		D 8	
						Y 2		Y 1	
						Y 0		Y 9	
							Amount \$250.00		
Full Name of Contributor Pamela Rickard							Registration Number, if PAC		
Street Address 559 Haversham Dr				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna		State OH		Zip Code 43230		M 0		D 8	
						Y 2		Y 1	
						Y 0		Y 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)]

Page Total **\$17,325.00**