

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>						
Full Name of Contributor <b>Cheryl Kriska</b>				Registration Number, if PAC		
Street Address <b>3758 Surrey Hill Place</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City <b>Upper Arlington</b>	State <b>OH</b>	Zip Code <b>43220</b>	M <b>1</b>	D <b>0</b>	Y <b>1 4</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Camela Foster</b>				Registration Number, if PAC		
Street Address <b>2815 Sunset Maple North</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>1 4</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>John Saros</b>				Registration Number, if PAC		
Street Address <b>5935 Olentangy River Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43235</b>	M <b>1</b>	D <b>0</b>	Y <b>1 4</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Sharon Rae Watkins</b>				Registration Number, if PAC		
Street Address <b>4394 Dublin Rd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43221</b>	M <b>1</b>	D <b>0</b>	Y <b>1 4</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Cathy Reeves</b>				Registration Number, if PAC		
Street Address <b>2161 Tournament Way</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City <b>Grove City</b>	State <b>OH</b>	Zip Code <b>43123</b>	M <b>1</b>	D <b>0</b>	Y <b>1 4</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Peter Stevens</b>				Registration Number, if PAC		
Street Address <b>8383 Gleneagles Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City <b>Dublin</b>	State <b>OH</b>	Zip Code <b>43017</b>	M <b>1</b>	D <b>0</b>	Y <b>1 4</b>	Amount <b>\$100.00</b>
Full Name of Contributor <b>Hope Foster</b>				Registration Number, if PAC		
Street Address <b>872 Harvest Lane Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43213</b>	M <b>1</b>	D <b>0</b>	Y <b>1 4</b>	Amount <b>\$50.00</b>
Full Name of Contributor <b>Sherry Wakely</b>				Registration Number, if PAC		
Street Address <b>562 Dowling Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City <b>Ashville</b>	State <b>OH</b>	Zip Code <b>43103</b>	M <b>1</b>	D <b>0</b>	Y <b>1 4</b>	Amount <b>\$50.00</b>

\* 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)]