

Statement of Contributions Received

Prescribed by Secretary of State 03/05

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