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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children					
Full Name of Contributor Eric D Carmichael			Registration Number, if	Registration Number, if PAC	
Street Address 1299 Brookwood Place	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)	
City Columbus	State OH	Zip Code 43209	1 0 2 0 0 9	Amount \$100.00	
Full Name of Contributor Charisse L Calloway			Registration Number, if PAC		
Street Address 5272 Doric Dr	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Canal Winchester	State OH	Zip Code 43110	1 0 2 0 0 9	Amount \$25.00	
Full Name of Contributor Fred F Wilkes	,		Registration Number, if	Registration Number, if PAC	
Street Address 2448 Perdue Ave	Employer/Occu	pation/Labor Organization*	CONTRACTOR OF THE CONTRACTOR O	Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43211	1 0 2 0 0 9	Amount \$25.00	
Full Name of Contributor Registration Number, if P. Marilyn McCoy Gravely				PAC	
Street Address 5412 Aqua St	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43229	1 0 2 0 0 9	Amount \$25.00	
Full Name of Contributor Registration Number, if PAC Fundraising Cash					
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) cash	
City	State OH	Zip Code	1 0 2 0 0 9	Amount \$35.00	
Full Name of Contributor Registration Number, if PAC Laurie J Lawhon					
Street Address 2238 S Shrewsbury Rd	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	1 0 2 0 0 9	Amount \$10.00	
Full Name of Contributor Registration Number, i				PAC	
Street Address 1914 Oaklawn Ct	Employer/Occu	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check	
City Grove City	State OH	Zip Code 43123	M D Y 1 0 0 9	Amount \$55.00	
Full Name of Contributor Sharon Rae Watkins			Registration Number, if	PAC	
Street Address 4394 Dublin Rd	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43221	M D Y 1 0 2 0 0 9	Amount \$30.00	

Page Total \$305.00

^{*} 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)]