

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor New Story of Ohio, LLC				Registration Number, if PAC		
Street Address 23 Walker Avenue		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Baltimore	State MD	Zip Code 21208	M 0	D 6	Y 2	Amount \$2,600.00
Full Name of Contributor Gale V King				Registration Number, if PAC		
Street Address 7857 Lambton Park Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M 0	D 6	Y 2	Amount \$1,000.00
Full Name of Contributor Pomegranate Health Systems				Registration Number, if PAC		
Street Address 765 Pierce Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43223	M 0	D 6	Y 2	Amount \$600.00
Full Name of Contributor Brett Johnson				Registration Number, if PAC		
Street Address 3674 Wenwood Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Hilliard	State OH	Zip Code 43026	M 0	D 6	Y 2	Amount \$100.00
Full Name of Contributor Matthew Hersha				Registration Number, if PAC		
Street Address 3179 Dunlavin Glen Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Paypal	
City Columbus	State OH	Zip Code 43221	M 0	D 6	Y 2	Amount \$1,000.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	Amount

* 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 **\$5,300.00**