

# 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>DL Mack</b>					Registration Number, if PAC		
Street Address <b>1489 Firwood Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43229</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$50.00</b>	
Full Name of Contributor <b>Carol L Patzkowsky</b>					Registration Number, if PAC		
Street Address <b>303 E Lincoln Ave</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43214</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$15.00</b>	
Full Name of Contributor <b>Laura J Matney</b>					Registration Number, if PAC		
Street Address <b>6354 Friars Green Ln</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>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$50.00</b>	
Full Name of Contributor <b>Doreen Y Delaney</b>					Registration Number, if PAC		
Street Address <b>5264 Rosalind Blvd</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$200.00</b>	
Full Name of Contributor <b>Monica E Hawkins</b>					Registration Number, if PAC		
Street Address <b>2815 Kingsrowe Ct</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Barbara J Watkins</b>					Registration Number, if PAC		
Street Address <b>1677 Roseview Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$25.00</b>	
Full Name of Contributor <b>Nicole E Dunn</b>					Registration Number, if PAC		
Street Address <b>4281 Sal's Nook Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$100.00</b>	
Full Name of Contributor <b>Stacy A Emert</b>					Registration Number, if PAC		
Street Address <b>8284 Flagg View Dr</b>		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City <b>Powell</b>	State <b>OH</b>	Zip Code <b>43065</b>	M <b>0</b>	D <b>9</b>	Y <b>2</b>	Amount <b>\$100.00</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)]