

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor Andrea S Esselman				Registration Number, if PAC		
Street Address 1712 Harrington Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	M 0	D 9	Y 2	Amount \$20.00
Full Name of Contributor Vank Mathews				Registration Number, if PAC		
Street Address 1178 Matterhorn Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	M 0	D 9	Y 2	Amount \$150.00
Full Name of Contributor Lori Ann Feibel				Registration Number, if PAC		
Street Address 363 S Drexel Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 0	D 9	Y 2	Amount \$100.00
Full Name of Contributor Marlene R Miller				Registration Number, if PAC		
Street Address 3040 Elbern Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 0	D 9	Y 2	Amount \$150.00
Full Name of Contributor Barbara Benham				Registration Number, if PAC		
Street Address 5193 Brandon Way Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 0	D 9	Y 2	Amount \$150.00
Full Name of Contributor ML Lambert				Registration Number, if PAC		
Street Address 12784 Bentwood Farms Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Pickerington	State OH	Zip Code 43147	M 0	D 9	Y 2	Amount \$50.00
Full Name of Contributor Karin S Wurapa				Registration Number, if PAC		
Street Address 7171 Pleasant Colony Cir		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Blacklick	State OH	Zip Code 43004	M 0	D 9	Y 2	Amount \$250.00
Full Name of Contributor Joy L Bivens				Registration Number, if PAC		
Street Address 4985 Doral Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43213	M 0	D 9	Y 2	Amount \$35.00

* 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)]