

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children							
Full Name of Contributor Shadya Y Yazback					Registration Number, if PAC		
Street Address 5535 Village Crossing		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Hilliard	State OH	Zip Code 43026	M 1	D 0	Y 1	Amount \$100.00	
Full Name of Contributor Michael J Franks					Registration Number, if PAC		
Street Address 2230 Marshrun Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Grove City	State OH	Zip Code 43123	M 1	D 0	Y 1	Amount \$400.00	
Full Name of Contributor Douglas W Brown					Registration Number, if PAC		
Street Address 5311 Reserve Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Dublin	State OH	Zip Code 43017	M 1	D 0	Y 1	Amount \$200.00	
Full Name of Contributor Karen A Wilkins					Registration Number, if PAC		
Street Address 3000 Patterson Road SW		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Pataskala	State OH	Zip Code 43062	M 1	D 0	Y 1	Amount \$250.00	
Full Name of Contributor Sherry R Wakely					Registration Number, if PAC		
Street Address 562 Dowling		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Ashville	State OH	Zip Code 43103	M 1	D 0	Y 1	Amount \$20.00	
Full Name of Contributor Paul D Marshall					Registration Number, if PAC		
Street Address 288 Mimring Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus	State OH	Zip Code 43202	M 1	D 0	Y 1	Amount \$125.00	
Full Name of Contributor Kythryn Carr Hurd					Registration Number, if PAC		
Street Address 5547 Saint Paul Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Ashville	State OH	Zip Code 43103	M 1	D 0	Y 1	Amount \$125.00	
Full Name of Contributor Lara LaRoche					Registration Number, if PAC		
Street Address 57 Parkdale Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Johnstown	State OH	Zip Code 43031	M 1	D 0	Y 1	Amount \$115.00	

* 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)]

Page Total **\$1,335.00**