

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Christine Kade						Registration Number, if PAC			
Street Address 4481 Floyd Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Chwxk		
City Columbus		State OH	Zip Code 43232		M 0	D 9	Y 2	Y 8	Amount \$200.00
Full Name of Contributor Maureen Bosart						Registration Number, if PAC			
Street Address 3126 Melbury Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 9	Y 2	Y 8	Amount \$150.00
Full Name of Contributor Berea Children's Home & Family Services						Registration Number, if PAC			
Street Address 202 E Bagley Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Berea		State OH	Zip Code 44017		M 0	D 9	Y 2	Y 8	Amount \$1,760.00
Full Name of Contributor Action for Children						Registration Number, if PAC			
Street Address 78 Jefferson Avenue			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 9	Y 2	Y 1	Amount \$100.00
Full Name of Contributor Katherine Canada						Registration Number, if PAC			
Street Address 112 Executive Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Westerville		State OH	Zip Code 43081		M 0	D 9	Y 2	Y 1	Amount \$1,000.00
Full Name of Contributor Dana Mattison						Registration Number, if PAC			
Street Address 3433 Cheshire Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Delaware		State OH	Zip Code 43015		M 0	D 9	Y 2	Y 1	Amount \$200.00
Full Name of Contributor Wolfe Enterprises, Inc						Registration Number, if PAC			
Street Address 34 S Third Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 9	Y 2	Y 1	Amount \$2,500.00
Full Name of Contributor Booker Rene Coats						Registration Number, if PAC			
Street Address 1833 Kent St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43205		M 0	D 9	Y 2	Y 1	Amount \$200.00

* 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 **\$6,110.00**