

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Anne C Oleary						Registration Number, if PAC			
Street Address 854 Mueller Dr			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Reynoldsburg		State OH	Zip Code 43068		M 0	D 2	Y 2	Y 0	Amount \$250.00
Full Name of Contributor Capital University						Registration Number, if PAC			
Street Address 1 College and Main			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43209		M 0	D 5	Y 2	Y 2	Amount \$250.00
Full Name of Contributor Doris Calloway Moore						Registration Number, if PAC			
Street Address 883 Schillingwood Dr			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Gahanna		State OH	Zip Code 43230		M 0	D 5	Y 0	Y 5	Amount \$160.00
Full Name of Contributor Deborah Edwards						Registration Number, if PAC			
Street Address 990 Gray Dr			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Pickerington		State OH	Zip Code 43147		M 0	D 4	Y 2	Y 3	Amount \$300.00
Full Name of Contributor Federation of Franklin County Children Services Employees						Registration Number, if PAC			
Street Address P.O. Box 06617			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43206		M 0	D 5	Y 0	Y 6	Amount \$1,000.00
Full Name of Contributor Sandina Martin						Registration Number, if PAC			
Street Address 6041 Bowen Rd			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Canal Winchester		State OH	Zip Code 43110		M 0	D 5	Y 0	Y 1	Amount \$25.00
Full Name of Contributor NYAP - Ohio						Registration Number, if PAC			
Street Address 1801 Watermark Drive, #200			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 5	Y 2	Y 1	Amount \$25,000.00
Full Name of Contributor Deborra Armstrong						Registration Number, if PAC			
Street Address 1941 Vandalia Court			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43223		M 0	D 4	Y 2	Y 9	Amount \$25.00

* 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 **\$27,010.00**