

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor Paul R Anderson					Registration Number, if PAC	
Street Address 3415 Scioto Run Blvd		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Hilliard	State OH	Zip Code 43026	M 0	D 4	Y 2 8 0 9	Amount \$100.00
Full Name of Contributor Robert J Marx					Registration Number, if PAC	
Street Address 4677 Greyson Dr		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Powell	State OH	Zip Code 43065	M 0	D 4	Y 2 9 0 9	Amount \$100.00
Full Name of Contributor Pomegranate Health Systems					Registration Number, if PAC	
Street Address 765 Pierce Drive		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43223	M 0	D 4	Y 1 6 0 9	Amount \$100.00
Full Name of Contributor Hannah Neil Center for Children Starr Commonwealth					Registration Number, if PAC	
Street Address 301 Obetz Road		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43207	M 0	D 4	Y 1 7 0 9	Amount \$400.00
Full Name of Contributor The Buckeye Ranch					Registration Number, if PAC	
Street Address 5665 Hoover Road		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 4	Y 2 4 0 9	Amount \$50.00
Full Name of Contributor Fundraiser					Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Cash	
City	State OH	Zip Code	M 0	D 4	Y 2 9 0 9	Amount \$650.00
Full Name of Contributor S.A.F.Y. of Ohio, Inc.					Registration Number, if PAC	
Street Address 10100 Elida Rd		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Delphos	State OH	Zip Code 45833	M 0	D 4	Y 2 4 0 9	Amount \$150.00
Full Name of Contributor Pamela Schirner					Registration Number, if PAC	
Street Address 1914 Oaklawn Ct		Employer/Occupation/Labor Organization *			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 5	Y 1 5 0 9	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)]