

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children					
Full Name of Contributor Holly S Kastan				Registration Number, if PAC	
Street Address 225 N Columbia Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 0	D 6	Y 1714
				Amount \$250.00	
Full Name of Contributor Babette A Feibel				Registration Number, if PAC	
Street Address 6025 Whitman Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43213	M 0	D 6	Y 1714
				Amount \$500.00	
Full Name of Contributor The Buckeye Ranch Foundation				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 6	Y 1714
				Amount \$600.00	
Full Name of Contributor Steve Allen				Registration Number, if PAC	
Street Address 4040 Baughman Grant		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City New Albany	State OH	Zip Code 43054	M 0	D 6	Y 1714
				Amount \$1,000.00	
Full Name of Contributor Youth Advocate Services, Inc.				Registration Number, if PAC	
Street Address 825 Grandview Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 6	Y 1714
				Amount \$1,800.00	
Full Name of Contributor Brett L Kaufman				Registration Number, if PAC	
Street Address 125 Stanbery Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 0	D 6	Y 1714
				Amount \$500.00	
Full Name of Contributor Robert H Schottenstein				Registration Number, if PAC	
Street Address 3 Easton Oval		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43219	M 0	D 6	Y 1714
				Amount \$1,000.00	
Full Name of Contributor OhioHealth Parent				Registration Number, if PAC	
Street Address PO Box 9		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43216	M 0	D 6	Y 2614
				Amount \$50.00	

* 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 **\$5,700.00**