

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full <b>Committee 4 Children</b>									
Full Name of Contributor <b>S.A.F.Y of America, Inc.</b>						Registration Number, if PAC			
Street Address <b>10100 Elida Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Delphos</b>		State <b>OH</b>	Zip Code <b>45833</b>		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Y <b>6</b>	Amount <b>\$3,000.00</b>
Full Name of Contributor <b>St. Vincent Family Centers</b>						Registration Number, if PAC			
Street Address <b>1490 East Main Street</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43205</b>		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Y <b>6</b>	Amount <b>\$2,000.00</b>
Full Name of Contributor <b>Buckeye Ranch Foundation</b>						Registration Number, if PAC			
Street Address <b>5665 Hoover Road</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Grove City</b>		State <b>OH</b>	Zip Code <b>43123</b>		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Y <b>9</b>	Amount <b>\$25,000.00</b>
Full Name of Contributor <b>Mentoring Center of Central Ohio</b>						Registration Number, if PAC			
Street Address <b>1855 E Dublin-Granville Rd</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Columbus</b>		State <b>OH</b>	Zip Code <b>43229</b>		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Y <b>9</b>	Amount <b>\$125.00</b>
Full Name of Contributor <b>Alliance Health Inc.</b>						Registration Number, if PAC			
Street Address <b>134 Rumford Ave, Ste 306</b>			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>		
City <b>Newton</b>		State <b>MA</b>	Zip Code <b>02466</b>		M <b>0</b>	D <b>6</b>	Y <b>2</b>	Y <b>9</b>	Amount <b>\$200.00</b>
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State <b>OH</b>	Zip Code		M	D	Y	Y	Amount

\* 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 **\$30,325.00**