

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
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 1	Y 0	Amount \$7,000.00
Full Name of Contributor AEP				Registration Number, if PAC		
Street Address 1 Riverside Plaza		Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43215	M 0	D 2	Y 0	Amount \$25,000.00
Full Name of Contributor Big Brothers Big Sisters				Registration Number, if PAC		
Street Address 1855 E Dublin-Granville Rd		Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43229	M 0	D 2	Y 0	Amount \$300.00
Full Name of Contributor Charles M Spinning				Registration Number, if PAC		
Street Address 115 W Jamestown St		Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) Check		
City South Charleston	State OH	Zip Code 45368	M 0	D 2	Y 0	Amount \$1,500.00
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 2	Y 0	Amount \$4,125.00
Full Name of Contributor Abigail S Wexner				Registration Number, if PAC		
Street Address 8000 Walton Parkway - Ste 100		Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) Check		
City New Albany	State OH	Zip Code 43054	M 0	D 3	Y 0	Amount \$20,000.00
Full Name of Contributor SAFY of America, 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 3	Y 0	Amount \$2,000.00
Full Name of Contributor St. Vincent Family Centers				Registration Number, if PAC		
Street Address 1490 East Main Street		Employer/Occupation/Labor Organization *		Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43205	M 0	D 3	Y 0	Amount \$3,200.00

* 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 **\$63,125.00**