

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor Federation of Franklin County				Registration Number, if PAC		
Street Address PO Box 06617		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43206	M 0	D 9	Y 0	Amount \$1,500.00
Full Name of Contributor Denise E Bronson				Registration Number, if PAC		
Street Address 54 Northridge Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	M 0	D 9	Y 1	Amount \$100.00
Full Name of Contributor Ohio Association of Public School Employees				Registration Number, if PAC		
Street Address 6805 Oak Creek Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	M 0	D 9	Y 1	Amount \$2,500.00
Full Name of Contributor Mary S Connor				Registration Number, if PAC		
Street Address 2347 Bexley Park Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43208	M 0	D 9	Y 1	Amount \$50.00
Full Name of Contributor Huckleberry House, Inc.				Registration Number, if PAC		
Street Address 1421 Hamlet Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43201	M 0	D 9	Y 1	Amount \$500.00
Full Name of Contributor Maryhaven				Registration Number, if PAC		
Street Address 1791 Alum Creek Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43207	M 0	D 9	Y 2	Amount \$2,500.00
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 9	Y 2	Amount \$14,000.00
Full Name of Contributor House of New Hope				Registration Number, if PAC		
Street Address 8135 Mt Vernon Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City St Louisville	State OH	Zip Code 43071	M 0	D 9	Y 2	Amount \$500.00

\* 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 \$21,650.00