

# 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>Pamela Kay Prosser</b>							Registration Number, if PAC		
Street Address <b>3128 Dublin Rd</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43221</b>		M <b>0</b>		D <b>9</b>	
						Y <b>2</b>		Y <b>1</b>	
						Y <b>0</b>		Y <b>9</b>	
							Amount <b>\$25.00</b>		
Full Name of Contributor <b>Cardinal Health</b>							Registration Number, if PAC		
Street Address <b>7000 Cardinal Place</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Dublin</b>		State <b>OH</b>		Zip Code <b>43017</b>		M <b>0</b>		D <b>9</b>	
						Y <b>2</b>		Y <b>8</b>	
						Y <b>0</b>		Y <b>9</b>	
							Amount <b>\$5,000.00</b>		
Full Name of Contributor <b>Safe Auto Insurance Company</b>							Registration Number, if PAC		
Street Address <b>4 Easton Oval</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43219</b>		M <b>0</b>		D <b>9</b>	
						Y <b>2</b>		Y <b>8</b>	
						Y <b>0</b>		Y <b>9</b>	
							Amount <b>\$2,000.00</b>		
Full Name of Contributor <b>Foundation for Living</b>							Registration Number, if PAC		
Street Address <b>1451 Lucas Road</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Mansfield</b>		State <b>OH</b>		Zip Code <b>44905</b>		M <b>0</b>		D <b>9</b>	
						Y <b>2</b>		Y <b>8</b>	
						Y <b>0</b>		Y <b>9</b>	
							Amount <b>\$1,000.00</b>		
Full Name of Contributor <b>Sheila Kochis</b>							Registration Number, if PAC		
Street Address <b>3476 Graystone Dr</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Columbus</b>		State <b>OH</b>		Zip Code <b>43232</b>		M <b>1</b>		D <b>0</b>	
						Y <b>0</b>		Y <b>5</b>	
						Y <b>0</b>		Y <b>9</b>	
							Amount <b>\$50.00</b>		
Full Name of Contributor <b>United Methodist Children's Home</b>							Registration Number, if PAC		
Street Address <b>1033 High Street</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Worthington</b>		State <b>OH</b>		Zip Code <b>43085</b>		M <b>1</b>		D <b>0</b>	
						Y <b>0</b>		Y <b>5</b>	
						Y <b>0</b>		Y <b>9</b>	
							Amount <b>\$3,000.00</b>		
Full Name of Contributor <b>The Bair Foundation</b>							Registration Number, if PAC		
Street Address <b>241 High Street</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>New Wilmington</b>		State <b>PA</b>		Zip Code <b>16142</b>		M <b>1</b>		D <b>0</b>	
						Y <b>0</b>		Y <b>5</b>	
						Y <b>0</b>		Y <b>9</b>	
							Amount <b>\$3,000.00</b>		
Full Name of Contributor <b>Camela Foster</b>							Registration Number, if PAC		
Street Address <b>9600 Waterford Pl, Apt 102</b>				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) <b>Check</b>	
City <b>Loveland</b>		State <b>OH</b>		Zip Code <b>45140</b>		M <b>1</b>		D <b>0</b>	
						Y <b>0</b>		Y <b>5</b>	
						Y <b>0</b>		Y <b>9</b>	
							Amount <b>\$50.00</b>		

\* 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 **\$14,125.00**