

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor UMCH Family Services				Registration Number, if PAC		
Street Address 1033 High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington	State OH	Zip Code 43085	M 0	D 8	Y 0	Amount \$2,000.00
Full Name of Contributor Maria C Pizzi				Registration Number, if PAC		
Street Address 5500 Summerwood Crossing		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Galena	State OH	Zip Code 43021	M 0	D 7	Y 2	Amount \$50.00
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 7	Y 2	Amount \$2,250.00
Full Name of Contributor Netcare Corporation				Registration Number, if PAC		
Street Address 199 S Central Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43223	M 0	D 7	Y 2	Amount \$400.00
Full Name of Contributor Rosati Windows				Registration Number, if PAC		
Street Address 4200 Roberts Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43228	M 0	D 7	Y 2	Amount \$50.00
Full Name of Contributor Gregory Miller - Buckeye Ranch				Registration Number, if PAC		
Street Address 1083 Markworth Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	M 0	D 8	Y 0	Amount \$50.00
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 8	Y 0	Amount \$4,125.00
Full Name of Contributor Katherine Schwarz				Registration Number, if PAC		
Street Address 3127 Walden Ravines		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 0	Amount \$30.00

* 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)]