

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor House of New Hope, Inc.						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 6	Y 1	8	Amount \$500.00
Full Name of Contributor Adriel School, Inc.						Registration Number, if PAC			
Street Address PO Box 188			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City West Liberty		State OH	Zip Code 43357		M 0	D 6	Y 1	8	Amount \$100.00
Full Name of Contributor North Central Mental Health Services						Registration Number, if PAC			
Street Address 1301 North High Street			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43201		M 0	D 6	Y 1	8	Amount \$1,000.00
Full Name of Contributor Oasis Therapeutic Foster Care Network, Inc.						Registration Number, if PAC			
Street Address 34265 State Route 681 East			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Albany		State OH	Zip Code 45710		M 0	D 6	Y 1	8	Amount \$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 6	Y 2	2	Amount \$6,000.00
Full Name of Contributor MJ Green						Registration Number, if PAC			
Street Address 155 W Main St			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 6	Y 2	2	Amount \$150.00
Full Name of Contributor Katherine Canada						Registration Number, if PAC			
Street Address 112 Executive Ct			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Westerville		State OH	Zip Code 43081		M 0	D 6	Y 2	2	Amount \$650.00
Full Name of Contributor Starr Commonwealth						Registration Number, if PAC			
Street Address 13725 Starr Commonwealth			Employer/Occupation/Labor Organization *				Form (Cash, Check, etc.) Check		
City Albion		State MI	Zip Code 49224		M 0	D 6	Y 2	6	Amount \$7,500.00

* 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 **\$16,400.00**