

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children					
Full Name of Contributor Steven Schottenstein			Registration Number, if PAC		
Street Address 272 N Drexel Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 0	D 7	Y 14
			Amount \$250.00		
Full Name of Contributor Fifth Third Bank			Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City	State OH	Zip Code	M 0	D 7	Y 14
			Amount \$2,500.00		
Full Name of Contributor Ehrenborg Law Office			Registration Number, if PAC		
Street Address 7774 E Bowling Green Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Lancaster	State OH	Zip Code 43130	M 0	D 7	Y 14
			Amount \$250.00		
Full Name of Contributor Robert D Weisman			Registration Number, if PAC		
Street Address 7277 Pennyroyal Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Dublin	State OH	Zip Code 43017	M 0	D 7	Y 14
			Amount \$200.00		
Full Name of Contributor Pameila R Schirner			Registration Number, if PAC		
Street Address 1914 Oaklawn Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 7	Y 14
			Amount \$40.00		
Full Name of Contributor Michael R Bean Sr			Registration Number, if PAC		
Street Address 1407 Haddon Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 0	D 7	Y 14
			Amount \$50.00		
Full Name of Contributor The Daimler Group, Inc			Registration Number, if PAC		
Street Address 1533 Lake Shore Dr - Ste 50		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43204	M 0	D 7	Y 14
			Amount \$120.00		
Full Name of Contributor A New Leaf Inc			Registration Number, if PAC		
Street Address PO Box 615		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Kingston	State OH	Zip Code 45644	M 0	D 7	Y 14
			Amount \$120.00		

* 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 \$3,530.00