

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children							
Full Name of Contributor Cardinal Health					Registration Number, if PAC		
Street Address PO Box 3813		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State OH	Zip Code 43016	M 0	D 8	Y 0	Amount \$15,000.00	
Full Name of Contributor Linda J Jordan					Registration Number, if PAC		
Street Address 4853 Glenburn Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 0	D 8	Y 0	Amount \$30.00	
Full Name of Contributor Susan M Samuel					Registration Number, if PAC		
Street Address 3466 Northwood St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43224	M 0	D 8	Y 0	Amount \$30.00	
Full Name of Contributor Patricia G Matheny					Registration Number, if PAC		
Street Address RR1 Box 554		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Sugar Grove	State OH	Zip Code 43155	M 0	D 8	Y 0	Amount \$30.00	
Full Name of Contributor Vickie L Kennedy					Registration Number, if PAC		
Street Address 1500-B Burstock Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43206	M 0	D 8	Y 0	Amount \$30.00	
Full Name of Contributor Mary E Young					Registration Number, if PAC		
Street Address 4590 Knightsbridge Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43214	M 0	D 8	Y 0	Amount \$30.00	
Full Name of Contributor Huntington National Bank					Registration Number, if PAC		
Street Address PO Box 1558		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43219	M 0	D 8	Y 0	Amount \$15,000.00	
Full Name of Contributor Altair Learning Management I, Inc.					Registration Number, if PAC		
Street Address 305 W Nationwide Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State OH	Zip Code 43216	M 0	D 8	Y 0	Amount \$10,000.00	

* 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)]