

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor Shannon H Doss						Registration Number, if PAC			
Street Address 1314 Murrell Ave			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43212		M 0	D 8	Y 2	Y 8	Amount \$240.00
Full Name of Contributor Jerry Amer						Registration Number, if PAC			
Street Address 8256 Markhaven Dr			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43235		M 0	D 8	Y 2	Y 8	Amount \$150.00
Full Name of Contributor ABS						Registration Number, if PAC			
Street Address 2268 Westbrooke Dr Bldg K			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43228		M 0	D 8	Y 2	Y 8	Amount \$500.00
Full Name of Contributor Viaquest Behavioral Health of Ohio						Registration Number, if PAC			
Street Address 525 Metro Place North, Ste 300			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43017		M 0	D 8	Y 0	Y 6	Amount \$4,500.00
Full Name of Contributor Consumer Support Services						Registration Number, if PAC			
Street Address 2040 Cherry Valley Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Newark		State OH	Zip Code 43055		M 0	D 8	Y 0	Y 6	Amount \$4,500.00
Full Name of Contributor Southeast Incorporated						Registration Number, if PAC			
Street Address 16 West Long Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 8	Y 0	Y 6	Amount \$100.00
Full Name of Contributor Rick Morris						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash		
City		State OH	Zip Code		M 0	D 8	Y 2	Y 1	Amount \$380.00
Full Name of Contributor Robert Jeffrey						Registration Number, if PAC			
Street Address 296 Ashbourne Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43209		M 1	D 0	Y 1	Y 3	Amount \$1,000.00

* 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)]

Page Total **\$11,370.00**