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Statement of Contributions Received

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Prescribed by Secretary of State 03/05

				_			
Name of Committee in Full Committee 4 Children							
Full Name of Contributor VMC Consulting Group, Inc.			Registration Numb	er, if PA	С		
		 -		_	Form (Cash, Check, etc.)		
Street Address 10104 Brewster Lane, Ste 160	Employer/Occu	upation/Labor Organization*			Check		
City Powell	State OH	Zip Code 43065	M D 0 4 2 4	1 4	Amount \$900.00		
Full Name of Contributor			Registration Numb	oer, if PA	C		
Limited Brands					C C		
Street Address	2				Form (Cash, Check, etc.)		
Two Limited Parkway					Check		
City	State	Zip Code	MD	Y	Amount		
Columbus	OH	43230		1 4	\$25,000.00		
Full Name of Contributor Anthony C Ciriaco	Registration Numb	Registration Number, if PAC					
Street Address	Employer/Occa	upation/Labor Organization	<u> </u>		Form (Cash, Check, etc.)		
4915 Brand Rd	Ziapio, tii osa	- 			Check		
City	State	Zip Code	M D	Y	Amount		
Dublin	OH	43017	0 5 0 5	1 4	\$100.00		
Full Name of Contributor			Registration Numb	er, if PA	C		
Philip M Murray					Fr - (Code Charle etc.)		
Street Address	Employer/Occa	upation/Labor Organization			Form (Cash, Check, etc.)		
13347 Sandover Place NW					Check		
City	State	Zip Code	M	, Y	Amount		
Pickerington	OH	43147	05051	'	\$100.00		
Full Name of Contributor Pamela R Schirner			Registration Numb	er, if PA	с		
Street Address	upation/Labor Organization			Form (Cash, Check, etc.)			
1914 Oaklawn Ct	2				Check		
City	State	Zip Code	M D	Ϋ́	Amount		
Grove City	ОН	43123	0 5 0 5	1 4	\$100.00		
			Registration Numb	per, if PA	С		
Full Name of Contributor Fundraising							
Street Address	Employer/Occu	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)		
		•			Cash		
City	State	Zip Code	M D D 5 D 5	Y	Amount		
CR,	l oh		рбрб	1 4 1	\$105.00		
Full Name of Contributor	<u> </u>		Registration Numb	er, if PA	С		
Scott Timmerman			İ				
Street Address	Eleve/Oem	upation/Labor Organization			Form (Cash, Check, etc.)		
5705 Tara Hill Dr			Check				
	State	Zip Code	MD	Y	Amount		
City Dublin	OH	43017	0505	1 4	\$100.00		
Full Name of Contributor	1		Registration Numb	ber, if PA	С		
Lynn R Schmidt							
Street Address	Employer/Occ	upation/Labor Organization			Form (Cash, Check, etc.)		
6639 Canaan Circle	широуси	-h			Check		
	State	Zip Code	M D	Y	Amount		
City Dublin	OH	43017	0 5 0 5	1 4	\$50.00		

Page Total \$26,455.00

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)]