

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | |
|---|--|--------------------|---|--|---------------|--|---------------|
| Name of Committee in Full Committee 4 Children | | | | | | | |
| Full Name of Contributor Tina Rutherford | | | | | | Registration Number, if PAC | |
| Street Address 5825 Coneflower Dr | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Grove City | | State OH | Zip Code 43123 | | M 0 | D 6 | Y 0 |
| | | | | | | Amount \$500.00 | |
| Full Name of Contributor Central Ohio Foot & Ankle Inc. | | | | | | Registration Number, if PAC | |
| Street Address 393 E Town St, Ste 229 | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43215 | | M 0 | D 6 | Y 0 |
| | | | | | | Amount \$100.00 | |
| Full Name of Contributor Ohio State Schools of Cosmetology | | | | | | Registration Number, if PAC | |
| Street Address 1720 East Broad Street | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43203 | | M 0 | D 6 | Y 0 |
| | | | | | | Amount \$200.00 | |
| Full Name of Contributor Pamela 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 6 | Y 0 |
| | | | | | | Amount \$35.00 | |
| Full Name of Contributor Shadya Y Yazback | | | | | | Registration Number, if PAC | |
| Street Address 5535 Village Crossing | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | | State OH | Zip Code 43026 | | M 0 | D 6 | Y 0 |
| | | | | | | Amount \$60.00 | |
| Full Name of Contributor Peter P Stevens | | | | | | Registration Number, if PAC | |
| Street Address 8383 Gleneagles Ct | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Check | |
| City Dublin | | State OH | Zip Code 43017 | | M 0 | D 6 | Y 0 |
| | | | | | | Amount \$75.00 | |
| Full Name of Contributor Fundraiser | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) Cash | |
| City | | State OH | Zip Code | | M 0 | D 5 | Y 2 |
| | | | | | | Amount \$279.00 | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | Form (Cash, Check, etc.) | |
| City | | State OH | Zip Code | | M | D | Y |
| | | | | | | Amount | |

* 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)]