

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children									
Full Name of Contributor The Village Network							Registration Number, if PAC		
Street Address PO Box 518				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Smithville		State OH		Zip Code 44677		M 1		D 1	
						Y 1		Amount \$6,100.00	
Full Name of Contributor The Buckeye Ranch							Registration Number, if PAC		
Street Address 5665 Hoover Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 1		D 1	
						Y 1		Amount \$9,300.00	
Full Name of Contributor Life Start, Inc.							Registration Number, if PAC		
Street Address 142 North High Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna		State OH		Zip Code 43230		M 1		D 1	
						Y 1		Amount \$1,000.00	
Full Name of Contributor Maryhaven							Registration Number, if PAC		
Street Address 1791 Alum Creek Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43207		M 1		D 1	
						Y 1		Amount \$300.00	
Full Name of Contributor The Buckeye Ranch							Registration Number, if PAC		
Street Address 5665 Hoover Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Grove City		State OH		Zip Code 43123		M 1		D 1	
						Y 1		Amount \$10,300.00	
Full Name of Contributor The GEO Group Inc.							Registration Number, if PAC		
Street Address 621 MW 53rd St. Ste 700 Office 7109				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Boca Raton		State FL		Zip Code 33487		M 1		D 1	
						Y 1		Amount \$1,000.00	
Full Name of Contributor NYAP - Ohio							Registration Number, if PAC		
Street Address 1801 Watermark Drive, #200				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus		State OH		Zip Code 43215		M 1		D 1	
						Y 1		Amount \$4,125.00	
Full Name of Contributor							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
City		State		Zip Code		M		D	
		OH						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)]

Page Total **\$32,125.00**