

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor Pomegranate Health Systems				Registration Number, if PAC		
Street Address 765 Pierce Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43223	M 0	D 8	Y 0 4 1 4	Amount \$120.00
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 0	D 8	Y 0 4 1 4	Amount \$240.00
Full Name of Contributor UMCH Family Services				Registration Number, if PAC		
Street Address 1033 High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Worthington	State OH	Zip Code 43085	M 0	D 8	Y 0 7 1 4	Amount \$2,000.00
Full Name of Contributor Katherine Schwarz				Registration Number, if PAC		
Street Address 3127 Walden Ravines		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43221	M 0	D 8	Y 0 7 1 4	Amount \$30.00
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 7 1 4	Amount \$15,000.00
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 7 1 4	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 7 1 4	Amount \$10,000.00
Full Name of Contributor Community Shelter Board				Registration Number, if PAC		
Street Address 111 Liberty Street, STE 150		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 0 7 1 4	Amount \$250.00

* 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)]