

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor Barbara B Lach				Registration Number, if PAC		
Street Address 3910 Lyon Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43220	M 0	D 8	Y 1	Amount \$100.00
Full Name of Contributor Permanent Family Solutions Network - The Buckeye Ranch				Registration Number, if PAC		
Street Address 5665 Hoover Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	M 0	D 8	Y 1	Amount \$10,300.00
Full Name of Contributor Diane Glimcher				Registration Number, if PAC		
Street Address 10 N Drexel Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43209	M 0	D 8	Y 1	Amount \$100.00
Full Name of Contributor Mary Kay Hawkins				Registration Number, if PAC		
Street Address 1430 Lorraine Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43235	M 0	D 8	Y 1	Amount \$300.00
Full Name of Contributor Molly Harmon Ruben				Registration Number, if PAC		
Street Address 140 S Columbia Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Bexley	State OH	Zip Code 43209	M 0	D 8	Y 1	Amount \$50.00
Full Name of Contributor The Buckeye Ranch				Registration Number, if PAC		
Street Address 5665 Hoover Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check	
City Grove City	State OH	Zip Code 43123	M 0	D 8	Y 1	Amount \$9,300.00
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 0	D 8	Y 1	Amount \$2,250.00
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 8	Y 1	Amount \$50.00

* 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)]