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Statement of Contributions Received

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Page	1
Luke	

Prescribed by Secretary of State 03/05

Name of Committee in Full Committee 4 Children						
Full Name of Contributor	<u> </u>	<u> </u>	Registration Number, if f	AC .		
Steven Schottenstein						
Street Address	Employer/Occu	pation/Labor Organization*		Form (Cash, Check, etc.)		
272 N Drexel Ave		инриуел Остранов Савитанов		Check		
City	State	Zip Code	M D Y	Amount		
Bexley	OH	43209	070714	\$250.00		
Full Name of Contributor		!	Registration Number, if	PAC		
Fifth Third Bank						
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)		
		F		Check		
City	State	Zip Code	M D Y	Amount		
•	OH		070714	\$2,500.00		
Full Name of Contributor	<u> </u>		Registration Number, if	PAC		
Ehrenborg Law Office						
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)		
7774 Bowling Green Lane				Check		
City	State	Zip Code	M D Y	Amount \$250.00		
Lancaster	OH	43130	0 7 0 7 1 4			
Full Name of Contributor			Registration Number, if	PAC		
Robert D Weisman						
Street Address	Employer/Occ	upation/Labor Organization		Form (Cash, Check, etc.)		
7277 Pennyroyal Pl			···	Check		
City	State	Zip Code	M D Y	Amount \$200.00		
Dublin	OH	43017		0200.00		
Full Name of Contributor			Registration Number, if	PAC		
Pameila R Schirner				Form (Cash, Check, etc.)		
Street Address	Employer/Occ	upation/Labor Organization		Check		
1914 Oaklawn Ct			M D Y	Amount		
City	State OH	Zip Code 43123	M D Y ₁			
Grove City	OH.	43123	Registration Number, if	PAC		
Full Name of Contributor			Registration Function, in	egistranda Number, ii FAC		
Michael R Bean Sr				Form (Cash, Check, etc.)		
Street Address	Employer/Occ	upation/Labor Organization"		Check		
1407 Haddon Rd	State	Zip Code	M D Yi	Amount		
City Columbus	OH	43209	p 7 p 9 h 4	\$50.00		
	011		Registration Number, if	PAC		
Full Name of Contributor			_			
Sherri D Orr		cupation/Labor Organization*		Form (Cash; Check, etc.)		
Street Address 375 Howland Dr	Employer/Oct	apanon taka Organization		Check		
	State	Zip Code	M D Y	Amount		
City Gahanna	OH	43230	b 7 h 7 h 4	\$50.00		
Full Name of Contributor Registration Number, if PAC						
I m rame or continues						
Street Address	Employer/Occ	Employer/Occupation/Labor Organization Form (Cash, Check, etc				
and the Front Cas						
City	State	Zip Code	M D Y	Amount		
	OH					

Page Total \$3,340.00

^{*}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)]