



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee4Children				
Full Name of Contributor Joy Ann Soll			Registration Number, if PAC	
Street Address 141 S. Drexel		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Bexley	State OH <input type="checkbox"/>	Zip Code 43209	Date (MM/DD/YYYY) 04 16 19	Amount 1,000
Full Name of Contributor Caregivers Helper Inc.			Registration Number, if PAC	
Street Address 2176 Citygate Dr # A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43219	Date (MM/DD/YYYY) 04 18 19	Amount 1,000
Full Name of Contributor Lbrands			Registration Number, if PAC	
Street Address 3 Limited Parkway		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 04 30 19	Amount 25,000
Full Name of Contributor White Castle			Registration Number, if PAC	
Street Address 555 W. Goodale		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 04 29 19	Amount 5,000
Full Name of Contributor Robert J. Weiler			Registration Number, if PAC	
Street Address 10 N. High Street, Suite 401		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 04 25 19	Amount 1,000

*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)]