



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee4Children				
Full Name of Contributor Brett L. Kaufman			Registration Number, if PAC	
Street Address 393 North Columbia Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43209	Date (MM/DD/YYYY) 05 31 19	Amount 150
Full Name of Contributor NYAP - Ohio			Registration Number, if PAC	
Street Address 1801 Watermark Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 06 05 19	Amount 25,000
Full Name of Contributor Necco, LLC			Registration Number, if PAC	
Street Address 1404 Race Street, Suite 302		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Cincinnati	State OH <input type="checkbox"/>	Zip Code 45202	Date (MM/DD/YYYY) 06 05 19	Amount 5,000
Full Name of Contributor Forum Ohio			Registration Number, if PAC	
Street Address 20 S. third Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 06 10 19	Amount 5,000
Full Name of Contributor Huckleberry House, Inc.			Registration Number, if PAC	
Street Address 1421 Hamlet Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43201	Date (MM/DD/YYYY) 06 14 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)]