



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee4Children				
Full Name of Contributor Doris Calloway Moore			Registration Number, if PAC	
Street Address 883 Schillingwood Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 02 20 19	Amount 1,000
Full Name of Contributor Charles M. Spinning			Registration Number, if PAC	
Street Address 115 W. Jamestown Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City South Charleston	State OH <input type="checkbox"/>	Zip Code 45368	Date (MM/DD/YYYY) 02 20 19	Amount 1,500
Full Name of Contributor Sharon Marconi			Registration Number, if PAC	
Street Address 1801 Watermark, Suite 200		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 02 20 19	Amount 100
Full Name of Contributor David R. Meuse			Registration Number, if PAC	
Street Address 191 West Nationwide Blvd, Suite 600		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 02 27 19	Amount 5,000
Full Name of Contributor Wolfe Enterprises, Inc.			Registration Number, if PAC	
Street Address 34 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) 02 27 19	Amount 10,000

*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)]