



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee4Children				
Full Name of Contributor The Buckeye Ranch			Registration Number, if PAC	
Street Address 5665 Hoover Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Grove City	State OH <input type="checkbox"/>	Zip Code 43123	Date (MM/DD/YYYY) 03 27 19	Amount 20,000
Full Name of Contributor Adelphoi Village Inc.			Registration Number, if PAC	
Street Address 1119 Village Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Latrobe	State PA <input type="checkbox"/>	Zip Code 15650	Date (MM/DD/YYYY) 04 02 19	Amount 1,500
Full Name of Contributor Adelphoi Village Inc.			Registration Number, if PAC	
Street Address 1119 Village Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Latrobe	State PA <input type="checkbox"/>	Zip Code 15650	Date (MM/DD/YYYY) 04 05 19	Amount 1,500
Full Name of Contributor Sharon Rae Watkins			Registration Number, if PAC	
Street Address 4394 Dublin Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43221	Date (MM/DD/YYYY) 04 06 19	Amount 25
Full Name of Contributor Ellen J. Clapp			Registration Number, if PAC	
Street Address 91 Heischman Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 04 06 19	Amount 10

*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)]