



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Committee4Children					
Full Name of Contributor	Registration Numb				er, if PAC
Total Contributions from Form 31-E				i	
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
				05 02 19	4,025
Full Name of Contributor				Registration Number	er, if PAC
Total Contributions from Form 31-E					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DI	Amount	
				05 21 19	4,476
Full Name of Contributor				Registration Number	er, if PAC
Total Contributions from Form 31-E					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
City	State	Zip Code Date (MM/DD/YYYY)			Amount
			}	03 29 19	505
Full Name of Contributor		* ·······		Registration Numb	er, if PAC
Total Contributions from Form 31-E					
Street Address	Employe	/Occupation/Labor Or	ganization*	<u></u>	Form (Cash, Check, etc.)
		T 2			
City	State	Zip Code	Date (MM/D	•	Amount
		<u> </u>		04 26 19	<u> </u>
Full Name of Contributor				Registration Numb	er, if PAC
Total Contributions from Form 31-E					
Street Address	Employe	r/Occupation/Labor O	rganization*		Form (Cash, Check, etc.)
City	State	Zip Code Date (MM/DD/YYYY) Am		Amount	
				05 24 19	325

*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)]

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