



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Committee4Children				
Full Name of Contributor Squire Patton Boggs			Registration Number, if PAC	
Street Address 127 Public Square #4900		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Cleveland	State OH <input type="checkbox"/>	Zip Code 44114	Date (MM/DD/YYYY) 02 27 19	Amount 1,000
Full Name of Contributor Nationwide Children's Hospital			Registration Number, if PAC	
Street Address 700 Children's Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43205	Date (MM/DD/YYYY) 03 06 19	Amount 15,000
Full Name of Contributor Doris Calloway Moore			Registration Number, if PAC	
Street Address 883 Schillingwood Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 03 15 19	Amount 25
Full Name of Contributor Bellefaire JCB			Registration Number, if PAC	
Street Address 2201 Fairmount Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Shaker Heights	State OH <input type="checkbox"/>	Zip Code 44118	Date (MM/DD/YYYY) 03 27 19	Amount 1,000
Full Name of Contributor Huntington National Bank			Registration Number, if PAC	
Street Address P.O. Box 1558		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43219	Date (MM/DD/YYYY) 03 20 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)]