



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee4Children				
Full Name of Contributor American Electric Power			Registration Number, if PAC	
Street Address P.O. Box 24400		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Canton	State OH <input type="checkbox"/>	Zip Code 44701	Date (MM/DD/YYYY) 01 08 19	Amount 25,000
Full Name of Contributor Janet E. Jackson			Registration Number, if PAC	
Street Address 2865 Castlewood Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43209	Date (MM/DD/YYYY) 01 08 19	Amount 2,500
Full Name of Contributor Nationwide Mutual Insurance Company			Registration Number, if PAC	
Street Address 1 Nationwide Plaza		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 02 04 19	Amount 25,000
Full Name of Contributor Gary D. & Druann K. Whitaker			Registration Number, if PAC	
Street Address 134 Cottonwood Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Celina	State OH <input type="checkbox"/>	Zip Code 45822	Date (MM/DD/YYYY) 02 20 19	Amount 100
Full Name of Contributor Marvena Twigg			Registration Number, if PAC	
Street Address 1 Miranova Place, Suite 1010		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 300

*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)]