



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee4Children				
Full Name of Contributor Motorists Mutual Insurance Co. Civic Fund			Registration Number, if PAC	
Street Address 471 E. Broad Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 04 05 19	Amount 5,000
Full Name of Contributor Eastway Corporation			Registration Number, if PAC	
Street Address 600 Wayne Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Dayton	State OH <input type="checkbox"/>	Zip Code 45410	Date (MM/DD/YYYY) 04 09 19	Amount 5,000
Full Name of Contributor Susan D. Carter			Registration Number, if PAC	
Street Address 3049 Brandon Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Upper Arlington	State OH <input type="checkbox"/>	Zip Code 43221	Date (MM/DD/YYYY) 03 25 19	Amount 50
Full Name of Contributor Tammy H. Wharton			Registration Number, if PAC	
Street Address 1135 Northwood Circle		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City New Albany	State OH <input type="checkbox"/>	Zip Code 43054	Date (MM/DD/YYYY) 04 18 19	Amount 25
Full Name of Contributor Deborrha A. Armstrong			Registration Number, if PAC	
Street Address 7152 Calusa Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 04 15 19	Amount 1,000

*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)]