



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Committee4Children				
Full Name of Contributor Christian Children's Home of Ohio			Registration Number, if PAC	
Street Address 2685 Armstrong Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Wooster	State OH <input type="checkbox"/>	Zip Code 44691	Date (MM/DD/YYYY) 06 21 19	Amount 1,000
Full Name of Contributor Lorinda Schalk			Registration Number, if PAC	
Street Address 1905 Perrysburg Holland Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Holland	State OH <input type="checkbox"/>	Zip Code 43528	Date (MM/DD/YYYY) 06 13 19	Amount 2,500
Full Name of Contributor Linda Austin			Registration Number, if PAC	
Street Address 855 W. Mound Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Columbus	State OH <input type="checkbox"/>	Zip Code 43223	Date (MM/DD/YYYY) 06 20 19	Amount 100
Full Name of Contributor Annie O'Leary			Registration Number, if PAC	
Street Address 855 W. Mound Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Columbus	State OH <input type="checkbox"/>	Zip Code 43223	Date (MM/DD/YYYY) 06 27 19	Amount 1,000
Full Name of Contributor Lara Laroche			Registration Number, if PAC	
Street Address 855 W. Mound Street		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Columbus	State OH <input type="checkbox"/>	Zip Code 43223	Date (MM/DD/YYYY) 06 27 19	Amount 250

\*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)]