



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee						
Committee4Children						
Full Name of Contributor	er, if PAC					
Rusty Alexander						
Street Address	Empl	oyer	Occupation/Labor Or	Form (Cash, Check, etc.)		
2560 Business Parkway, Suite A				Paypal		
City	State		Zip Code	Date (MM/DI	D/YYYY)	Amount
Minden	NV	NV 89423 05 06 19				1,000
Full Name of Contributor	Registration Number	er, if PAC				
PNC Financial Services Group						
Street Address	Empl	oyer	/Occupation/Labor Or	Form (Cash, Check, etc.)		
249 Fifth Avenue				check		
City	State	State Zip Code Date (MM/DD/YYYY)				Amount
Pittsburgh			15222		05 15 19	5,000
Full Name of Contributor	er, if PAC					
Michael T. Miller						
Street Address	Empl	oyer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
1000 Venetian Way Apt 902				check		
City	State		Zip Code	Date (MM/DI	D/YYYY)	Amount
Miami Beach	FL	33139 05 15 19		1,250		
Full Name of Contributor Registration Numb						er, if PAC
Federation of Franklin County Children Services Employees						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
P. O. Box 06617				check		
City	State		Zip Code	Date (MM/DD/YYYY)		Amount
Columbus	ОН	₹	43206		05 16 19	1,000
Full Name of Contributor Registration Numb						er, if PAC
Margaret Lewis						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)
201 Melbourne Place				check		
City	State		Zip Code	Amount		
Worthington	ОН		43085		05 21 19	50

*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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