



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Committee4Children				
Full Name of Contributor Fairfield Information Services & Assoc, LLC dba American Court Services			Registration Number, if PAC	
Street Address P.O. Box 744		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Lancaster	State OH <input type="checkbox"/>	Zip Code 43130	Date (MM/DD/YYYY) 06 12 19	Amount 5,000
Full Name of Contributor SAFY of Ohio, Inc			Registration Number, if PAC	
Street Address 10100 Elida road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Delphos	State OH <input type="checkbox"/>	Zip Code 45833	Date (MM/DD/YYYY) 06 14 19	Amount 2,500
Full Name of Contributor Maryhaven			Registration Number, if PAC	
Street Address 1791 Alum Creek Drive		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43207	Date (MM/DD/YYYY) 06 14 19	Amount 5,000
Full Name of Contributor Timothy F. Madden			Registration Number, if PAC	
Street Address 1876 Gluek Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Roseville	State MN <input type="checkbox"/>	Zip Code 55113	Date (MM/DD/YYYY) 06 28 19	Amount 3,500
Full Name of Contributor Gracehaven, Inc			Registration Number, if PAC	
Street Address 5000 Arlington Centre Blvd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43202	Date (MM/DD/YYYY) 06 21 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)]