



**Statement of Contributions Received**

Form 31-A  
ORC 3517.10

<b>Full Name of Committee</b> Committee4Children				
Full Name of Contributor Crane Group Co.			Registration Number, if PAC	
Street Address 330 West Spring 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 06 19	Amount 10,000
Full Name of Contributor Perimeter Healthcare			Registration Number, if PAC	
Street Address 2520 Northwinds Parkway, Suite 550		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Alpharetta	State GA <input type="checkbox"/>	Zip Code 30009	Date (MM/DD/YYYY) 04 06 019	Amount 1,000
Full Name of Contributor Alice C. Maddox			Registration Number, if PAC	
Street Address 38 W. Maplewood Avenue		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Dayton	State OH <input type="checkbox"/>	Zip Code 45405	Date (MM/DD/YYYY) 04 06 19	Amount 500
Full Name of Contributor Gale V. King			Registration Number, if PAC	
Street Address 7857 Lambton Park Road		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 11 19	Amount 500
Full Name of Contributor Rite of Passage, Inc.			Registration Number, if PAC	
Street Address 2560 Business Parkway, Suite A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) check
City Minden	State NV <input type="checkbox"/>	Zip Code 89423	Date (MM/DD/YYYY) 04 11 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)]