



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Rhoads for City Council				
Full Name of Contributor John Matthews			Registration Number, if PAC	
Street Address 1100 Swallow Falls Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Raleigh	State NC <input type="checkbox"/>	Zip Code 27614	Date (MM/DD/YYYY) 11/5/2019	Amount 100.00
Full Name of Contributor Jeff Northup			Registration Number, if PAC	
Street Address 7817 Polo Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Powell	State OH <input type="checkbox"/>	Zip Code 43065	Date (MM/DD/YYYY) 11/09/2019	Amount 50.00
Full Name of Contributor Travis Forshey			Registration Number, if PAC	
Street Address 102 Northwood Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Tallmadge	State OH <input type="checkbox"/>	Zip Code 44278	Date (MM/DD/YYYY) 11/6/2019	Amount 500.00
Full Name of Contributor Jerome Miller			Registration Number, if PAC	
Street Address 490 Stublyn Road		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Granville	State OH <input type="checkbox"/>	Zip Code 43023	Date (MM/DD/YYYY) 11/8/2019	Amount 50.00
Full Name of Contributor Michael Davis			Registration Number, if PAC	
Street Address 15 Tred Avon Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Easton	State MD <input type="checkbox"/>	Zip Code 21601	Date (MM/DD/YYYY) 11/22/2019	Amount 100.00

*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)]