



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Gahanna Residents Improving Tomorrow				
Full Name of Contributor Mark Thomas			Registration Number, if PAC	
Street Address 1308 Totten Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 03/13/2019	Amount 250.00
Full Name of Contributor Jane Crombie			Registration Number, if PAC	
Street Address 764 Quaker Ridge Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 03/13/2019	Amount 35.00
Full Name of Contributor Stephen Renner			Registration Number, if PAC	
Street Address 740 Quaker Ridge Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 03/14/2019	Amount 100.00
Full Name of Contributor Lee Tucker			Registration Number, if PAC	
Street Address 805 Nob Hill Dr W		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 03/14/2019	Amount 250.00
Full Name of Contributor Gahanna Parks & Recreation Foundation			Registration Number, if PAC	
Street Address 200 S Hamilton Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 03/14/2019	Amount 5,000.00

*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)]