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Statement of Contributions Received

Form 31-A

					ORC 3517.10	
Full Name of Committee						
Citizens for a Stronger Gahanna						
Full Name of Contributor				Registration Number	er, if PAC	
Bricker & Eckler LLP			I			
Street Address	Employe	er/Occupation/Labor	Form (Cash, Check, etc.)			
100 S. Third Street	Law Fire	m	Check			
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Columbus	ОН	43215		10/05/2018	290.00	
Full Name of Contributor		<u> </u>		Registration Number	er, if PAC	
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/D	(MM/DD/YYYY) Amount		
Full Name of Contributor				Registration Number, if PAC		
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DI	D/YYY)	Amount	
Full Name of Contributor				Registration Number	Registration Number, if PAC	
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DI	DYYYY)	Amount	
Full Name of Contributor				Registration Number	Registration Number, if PAC	
Street Address	Employe	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DI	D/YYYY)	Amount	

*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)]

Page Total	290.	00