



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Gahanna Residents Improving Tomorrow				
Full Name of Contributor Daphne Moehring			Registration Number, if PAC	
Street Address 441 Lily Pond Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 01/27/2019	Amount 100.00
Full Name of Contributor Kelli Natale-Koppel			Registration Number, if PAC	
Street Address 746 Ridenour Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 01/27/2019	Amount 50.00
Full Name of Contributor Carrin Wester			Registration Number, if PAC	
Street Address 1132 Riva Ridge		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 01/27/2019	Amount 50.00
Full Name of Contributor Phillip Koppel			Registration Number, if PAC	
Street Address 118 Academy Woods Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 02/06/2019	Amount 500.00
Full Name of Contributor Donna Simmons			Registration Number, if PAC	
Street Address 1341 Haybrook Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 02/15/2019	Amount 200.00

*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)]