



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Rhoads for City Council				
Full Name of Contributor Rob Underwood			Registration Number, if PAC	
Street Address 433 Irving St NW		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Washington	State DE <input checked="" type="checkbox"/>	Zip Code 20010	Date (MM/DD/YYYY) 11/2/2019	Amount 200.00
Full Name of Contributor George Hadler			Registration Number, if PAC	
Street Address 2575 Leeds Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43221	Date (MM/DD/YYYY) 11/2/2019	Amount 250.00
Full Name of Contributor Tim Keigher			Registration Number, if PAC	
Street Address 9451 Hollow Tree Court		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Lincoln	State NE <input checked="" type="checkbox"/>	Zip Code 68512	Date (MM/DD/YYYY) 11/2/2019	Amount 250.00
Full Name of Contributor Kyle McKeen			Registration Number, if PAC	
Street Address PO Box 4		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Gordonville	State TX <input checked="" type="checkbox"/>	Zip Code 76245	Date (MM/DD/YYYY) 11/4/2019	Amount 200.00
Full Name of Contributor Doug Bitter			Registration Number, if PAC	
Street Address 11 5th Ave. 402		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Pittsburgh	State PA <input checked="" type="checkbox"/>	Zip Code 15222	Date (MM/DD/YYYY) 11/1/2019	Amount 1.00

\*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)]