



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Rhoads for City Council				
Full Name of Contributor Joe Scott			Registration Number, if PAC	
Street Address 31 E. Livingston Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 10/25/2019	Amount 1000.00
Full Name of Contributor Mark Lyden			Registration Number, if PAC	
Street Address 10346 Brecksville Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Brecksville	State OH <input type="checkbox"/>	Zip Code 44141	Date (MM/DD/YYYY) 11/4/2019	Amount 1000.00
Full Name of Contributor Tyrone Nisthauz			Registration Number, if PAC	
Street Address 6656 Evening St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 11/7/2019	Amount 60.00
Full Name of Contributor Theresa Breech			Registration Number, if PAC	
Street Address 6597 Tantallon Sq.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH <input type="checkbox"/>	Zip Code 43016	Date (MM/DD/YYYY) 11/27/2019	Amount 500.00
Full Name of Contributor Frank Reed			Registration Number, if PAC	
Street Address 817 Pleasant Ridge		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43209	Date (MM/DD/YYYY) 11/7/2019	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)]