

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Gahanna Residents Improving Tomorrow					
Full Name of Contributor Registration N				Registration Number	er, if PAC
Thomas Schneider					
Street Address	Employer/	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
120 Mill St					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Gahanna	ОН	43230	03/22/2019		200.00
Full Name of Contributor Registration Number					er, if PAC
Stephania Bernard-Ferrell					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
713 Crestview Dr					Venmo
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Lithopolis	ОН	43136	03/25/2019		100.00
Full Name of Contributor	Registration Number				er, if PAC
ohn & Veronica Natale					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2958 Whiteford Rd					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Whiteford	MD	21160	03/25/2019		100.00
Full Name of Contributor	Registration Number				er, if PAC
Tony Slanac					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
34000 Plymouth Rd	1				Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Livonia	ОН	48150		03/30/2019	1,000.00
Full Name of Contributor Registration Number					er, if PAC
Walid Gemayel					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
2550 Corporate Exchange Dr #300					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Columbus	он	43231		04/05/2019	250.00

Page Total 1,650.00

^{*}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)]