



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
Gahanna Residents Improving Tomorrow					
Full Name of Contributor				Registration Number, if PAC	
Karan Wester					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
888 Ludwig Dr					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Gahanna	ОН	43230	03/03/2019		100.00
Full Name of Contributor Registration Number					er, if PAC
Tom Wester					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
888 Ludwig Dr					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	ОН	43230		03/03/2019	125.00
Full Name of Contributor Registration Number					er, if PAC
Eric Miller					
Street Address	Employer	/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
588 Wickham Way					Paypal
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	ОН	43230	03/03/2019		50.00
Full Name of Contributor Registration Number					er, if PAC
ohn Spinelli					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
97 Southwind Pl					Paypal
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	ОН	43230	03/03/2019		50.00
Full Name of Contributor Registration Number					er, if PAC
David & Katherine Say					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1152 Gold Place					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	ОН	43230		03/07/2019	150.00

*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)]

Page Total 475.00