



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Rhoads for City Council				
Full Name of Contributor Greg Browning			Registration Number, if PAC	
Street Address 686 Hartford		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington	State OH <input type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 10/20/2019	Amount 250.00
Full Name of Contributor Ron Leone			Registration Number, if PAC	
Street Address 108 E. Burnam Rd. Apt A		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbia	State MO <input type="checkbox"/>	Zip Code 65203	Date (MM/DD/YYYY) 11/4/2019	Amount 250.00
Full Name of Contributor James Patneau			Registration Number, if PAC	
Street Address 3139 Champions Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Medina	State OH <input type="checkbox"/>	Zip Code 44256	Date (MM/DD/YYYY) 11/4/2019	Amount 500.00
Full Name of Contributor James Doersam			Registration Number, if PAC	
Street Address 143 W. Water St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Chillicothe	State OH <input type="checkbox"/>	Zip Code 45601	Date (MM/DD/YYYY) 11/4/2019	Amount 200.00
Full Name of Contributor Gibbs for Congress			Registration Number, if PAC FEC-1309534	
Street Address 13871 Township Rd #473		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Lakeville	State OH <input type="checkbox"/>	Zip Code 44638	Date (MM/DD/YYYY) 11/1/2019	Amount 250.00

*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)]