



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Citizens for a Stronger Gahanna				
Full Name of Contributor Schneider Insurance Agency / <i>TOM SCHNEIDER</i>			Registration Number, if PAC	
Street Address 120 Mill Street	Employer/Occupation/Labor Organization* Insurance Company		Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 10/05/2018	Amount 100.00
Full Name of Contributor Bricker & Eckler LLP / <i>PRICE FINLEY</i>			Registration Number, if PAC	
Street Address 100 S. Third Street	Employer/Occupation/Labor Organization* Law Firm		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10/05/2018	Amount 250.00
Full Name of Contributor Dewitt Harrell			Registration Number, if PAC	
Street Address 1157 N. Creekway Court	Employer/Occupation/Labor Organization* DDHX Enterprises, Inc.		Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 10/05/2018	Amount 250.00
Full Name of Contributor MS Consultants / <i>THOMAS MOSURE</i>			Registration Number, if PAC	
Street Address 2221 Schrock Road	Employer/Occupation/Labor Organization* Consulting Firm		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY) 10/11/2018	Amount 1500.00
Full Name of Contributor Huntington			Registration Number, if PAC	
Street Address P.O. Box 1558	Employer/Occupation/Labor Organization* Bank		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43219	Date (MM/DD/YYYY) 10/12/2018	Amount 500.00

*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 \$ 2,600.00