



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Gahanna Residents Improving Tomorrow					
Full Name of Contributor Jeff Barr				Registration Number, if PAC	
Street Address 181 S Main St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Johnstown	State OH	Zip Code 43031	Date (MM/DD/YYYY) 02/23/2019	Amount 50.00	
Full Name of Contributor Kelly Toth				Registration Number, if PAC	
Street Address 381 Highbury Cress		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 02/23/2019	Amount 20.00	
Full Name of Contributor Dr. T.R. Radd				Registration Number, if PAC	
Street Address 1075 Arcaro Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 02/24/2019	Amount 50.00	
Full Name of Contributor John & Patricia Hobson				Registration Number, if PAC	
Street Address 150 Evanwood Dr NE		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Newark	State OH	Zip Code 43055	Date (MM/DD/YYYY) 03/02/2019	Amount 3,000.00	
Full Name of Contributor Nathan Savidge				Registration Number, if PAC	
Street Address 125 Heil Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 03/03/2019	Amount 20.00	

*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)]