



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Gahanna Residents Improving Tomorrow				
Full Name of Contributor James Houston			Registration Number, if PAC	
Street Address 768 Centerpark Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 03/15/2019	Amount 250.00
Full Name of Contributor Laurie Jadwin			Registration Number, if PAC	
Street Address 1222 Pond Hollow Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 03/16/2019	Amount 100.00
Full Name of Contributor FOP Political Education Fund			Registration Number, if PAC	
Street Address 6800 Schrock Hill Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43229	Date (MM/DD/YYYY) 03/20/2019	Amount 2,000.00
Full Name of Contributor Sherrie Passmore			Registration Number, if PAC	
Street Address 1239 Sanctuary Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Paypal
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 03/21/2019	Amount 100.00
Full Name of Contributor Toni Wills			Registration Number, if PAC	
Street Address 469 Beaverbrook Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 03/22/2019	Amount 15.00

*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)]