



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Rhoads for City Council				
Full Name of Contributor Candace Frank			Registration Number, if PAC	
Street Address 2248 Worthingwoods Blvd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Powell	State OH <input type="checkbox"/>	Zip Code 43065	Date (MM/DD/YYYY) 10/21/2019	Amount 25.00
Full Name of Contributor Pat Gilligan			Registration Number, if PAC	
Street Address 2619 Handasyde Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Cincinnati	State OH <input type="checkbox"/>	Zip Code 45208	Date (MM/DD/YYYY) 10/21/2019	Amount 500.00
Full Name of Contributor Zach Santmyer			Registration Number, if PAC	
Street Address 797 North Wall St. Apt. 508		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 10/23/2019	Amount 500.00
Full Name of Contributor Travis Forshey			Registration Number, if PAC	
Street Address 102 Northwood Lane		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Tallmadge	State OH <input type="checkbox"/>	Zip Code 44878	Date (MM/DD/YYYY) 10/25/2019	Amount 25.00
Full Name of Contributor Stephanie Kunze			Registration Number, if PAC	
Street Address 865 Macon Alley		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit card
City Columbus	State OH <input type="checkbox"/>	Zip Code 43206	Date (MM/DD/YYYY) 10/29/2019	Amount 100.00

*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)]