



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee CITIZENS FOR A STRONGER GAHANNA				
Full Name of Contributor SQUIRE PATTON BOGGS			Registration Number, if PAC	
Street Address 41 S. HIGH ST.		Employer/Occupation/Labor Organization* LAW FIRM		Form (Cash, Check, etc.) CHECK
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 10-26-2018	Amount 350.00
Full Name of Contributor KEY BANK			Registration Number, if PAC	
Street Address 88 E. BROAD ST., 7 TH FLOOR		Employer/Occupation/Labor Organization* LOCAL BANK		Form (Cash, Check, etc.) CHECK
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11-1-2018	Amount 500.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]