

## **Statement of Contributions Received**

Form 31-A

ORC 3517 10

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Full Name of Committee Gahanna Residents Improving Tomorrow					
Full Name of Contributor				Registration Number, if PAC	
Brian Metzbower					
Street Address	Employer	Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
734 Park Ct					Venmo
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	ОН	43230	02/23/2019		50.00
Full Name of Contributor Registration Number					er, if PAC
Bethany Tee					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1030 Challis Springs Dr					Venmo
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	ОН	43230	02/23/2019		50.00
Full Name of Contributor Registration Number					er, if PAC
Amanda Clark					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
344 Avonwick Ct	}				Paypal
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	ОН	43230	02/23/2019		40.00
Full Name of Contributor Registration Number					er, if PAC
Jan Ross					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1282 Bayboro Dr					Check
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
New Albany	ОН	43054	j	02/23/2019	50.00
Full Name of Contributor Registration Number					er, if PAC
Kelly Hettinger					
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)
1400 Hollybrier Dr #116					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Gahanna	ОН	43230		02/23/2019	40.00

Page Total 230.00

<sup>\*</sup>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)]