



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee REYNOLDSBURG AREA DEMOCRATS PAC				
Full Name of Contributor KRISTIN J BRYANT			Registration Number, if PAC /2019	
Street Address 387 CHEYENNE WAY		Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CHECK
City REYNOLDSBURG	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/05/2019	Amount 25.00
Full Name of Contributor CHRISTINE A SMITH			Registration Number, if PAC	
Street Address 8334 PRIESTLEY DR		Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CHECK
City REYNOLDSBURG	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/05/2019	Amount 45.00
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)]