



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Jenkins for Reynoldsburg			Registration Number, if PAC	
Street Address 945 Mahle Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/02/2019	Amount 77.48
Full Name of Contributor Shook for Reynoldsburg			Registration Number, if PAC	
Street Address 387 Cheyenne Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/02/2019	Amount 77.48
Full Name of Contributor Friends of Shanette Strickland			Registration Number, if PAC	
Street Address 545 E Town St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/08/2019	Amount 23.47
Full Name of Contributor Friends of Bhawan			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State OH	Zip Code	Date (MM/DD/YYYY) 08/07/2019	Amount 24.60
Full Name of Contributor Friends of Louis Salvati			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City	State OH	Zip Code	Date (MM/DD/YYYY) 08/07/2019	Amount 80.10

*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)]