



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee REYNOLDSBURG AREA DEMOCRATS PAC				
Full Name of Contributor GET MAD LLC CHARLES KIRK			Registration Number, if PAC /2019	
Street Address 6790 TANYA TER		Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CHECK
City REYNOLDSBURG	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/04/2019	Amount 50.00
Full Name of Contributor CHRISTOPHER MARLOWE SHOOK			Registration Number, if PAC	
Street Address 572 HUNNICUT DRIVE		Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CHECK
City REYNOLDSBURG	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/03/2019	Amount 50.00
Full Name of Contributor LISA M SHOOK			Registration Number, if PAC	
Street Address 572 HUNNICUT DRIVE		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 50.00
Full Name of Contributor BHUWAN PYAKUREL			Registration Number, if PAC	
Street Address 2450 GOLDENGATE SQ S APT 8		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 50.00
Full Name of Contributor ROGER V CRUSE			Registration Number, if PAC	
Street Address 989 HILLRIDGR RD		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 20.00

*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)]