



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Karen L Cruse			Registration Number, if PAC	
Street Address 989 Hillridge Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/08/2019	Amount 20.00
Full Name of Contributor Trent Allen Dougherty			Registration Number, if PAC	
Street Address 1292 Mulford Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 08/08/2019	Amount 10.00
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 Columbus	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/08/2019	Amount 48.00
Full Name of Contributor Friends of M Lawson-Rowe			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) 08/08/2019	Amount 15.60
Full Name of Contributor Friends of Bhuwan Pyakurel			Registration Number, if PAC	
Street Address 8386 Ashlynd Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/08/2019	Amount 24.60

*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)]