



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Educators PAC				
Full Name of Contributor Colleen O'Connell			Registration Number, if PAC 46-343411-343911	
Street Address 775 E Broad St. APT 52		Employer/Occupation/Labor Organization* Teacher		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43025	Date (MM/DD/YYYY) 09/30/2019	Amount \$10.00
Full Name of Contributor Nick Laroche			Registration Number, if PAC *	
Street Address 472 Lorraine Blvd		Employer/Occupation/Labor Organization* Teacher		Form (Cash, Check, etc.) Cash
City Pickerington	State OH	Zip Code 43047	Date (MM/DD/YYYY) 09/30/2019	Amount \$11.00
Full Name of Contributor Harry Gee			Registration Number, if PAC	
Street Address 246 Dunbarton Rd.		Employer/Occupation/Labor Organization* Teacher		Form (Cash, Check, etc.) Cash
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09/30/2019	Amount \$10.00
Full Name of Contributor Matt Freeman			Registration Number, if PAC	
Street Address 3267 Columbus St.		Employer/Occupation/Labor Organization* Teacher		Form (Cash, Check, etc.) Cash
City Grove City	State OH	Zip Code 43123	Date (MM/DD/YYYY) 09/30/2019	Amount \$20.00
Full Name of Contributor Rebecca Kok			Registration Number, if PAC	
Street Address 246 N. Cassady Ave		Employer/Occupation/Labor Organization* Teacher		Form (Cash, Check, etc.) Cash
City Bexley	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/30/2019	Amount \$10.00

*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)]

Page Total \$61.00