



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Cash Contributions of \$25 or less			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City	State	Zip Code	Date (MM/DD/YYYY)	Amount 85.00
Full Name of Contributor Lisa M Shook			Registration Number, if PAC	
Street Address 572 Hunnicut Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/13/2019	Amount 50.00
Full Name of Contributor Charles Kirk/Get Mad LLC			Registration Number, if PAC	
Street Address 6790 Tanya Ter		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/13/2019	Amount 50.00
Full Name of Contributor Karen L Cruse			Registration Number, if PAC	
Street Address 989 Hillridge Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/13/2019	Amount 20.00
Full Name of Contributor Rondal Rowe Jr			Registration Number, if PAC	
Street Address 2100 Belltree Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/13/2019	Amount 75.00

*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)]