



Statement of Contributions Received

Form 31-A

ORC 3517.10

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Full Name of Committee							
Reynoldsburg Area Democrats PAC	_			, , , , , , , , , , , , , , , , , , ,			
Full Name of Contributor Registration Number					er, if PAC		
Franklin County Adelante Democrats							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
236 Hanford St	Check						
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Columbus	ОН	43206		12/02/2019 250.00			
Full Name of Contributor	Registration Numb			er, if PAC			
Friends of Mack Quesenberry	Mack Quesenberry						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
949 Lancaster Ave	Check						
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Reynoldburg	ОН	43068		12/02/2019	297.90		
Full Name of Contributor	Registration Numb				er, if PAC		
Citizens for Mack Quesenberry							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
945 Jonathan Ln	·			Check			
City	State	Zip Code	Date (MM/D	D/YYY)	Amount		
Newark	ОН	43055		12/02/2019	105.10		
Full Name of Contributor	Registration Number				er, if PAC		
Marcia J Phelps							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
205 Gladys Ave					Check _		
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount		
Newark	ОН	43055		12/02/2019	105.10		
Full Name of Contributor	Registration Number				er, if PAC		
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City	State	Zip Code	Date (MM/DD/YYYY) Amou		Amount		
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Page Total	758.10	

^{*}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)]