



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Reynoldsburg Area Democrats PAC				
Full Name of Contributor Tori Begeny			Registration Number, if PAC	
Street Address 8840 Kingsley Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/29/2018	Amount 50.00
Full Name of Contributor Katherine Chipps			Registration Number, if PAC	
Street Address 4086 Fitzpatrick Blvd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 08/29/2018	Amount 15.00
Full Name of Contributor Friends of Adam Rhodes			Registration Number, if PAC	
Street Address 7 Brecon Cir	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Granville	State OH	Zip Code 43023	Date (MM/DD/YYYY) 08/29/2018	Amount 15.00
Full Name of Contributor Keith Edwards			Registration Number, if PAC	
Street Address 4891 Fosterson Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Lockbourne	State OH	Zip Code 43137	Date (MM/DD/YYYY) 08/29/2018	Amount 40.00
Full Name of Contributor Lisa Shook			Registration Number, if PAC	
Street Address 572 Hunnicut Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/29/2018	Amount 40.00

\*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)]