



Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Jenkins for Reynoldsburg				
Full Name of Contributor Mildred Johnson			Registration Number, if PAC	
Street Address 1931 Glenford Ct.	Employer/Occupation/Labor Organization* Chase Bank		Date (MM/DD/YYYY) 04/04/2019	Amount \$25.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Chris Shook			Registration Number, if PAC	
Street Address 572 Hunnicut Dr.	Employer/Occupation/Labor Organization* attorney		Date (MM/DD/YYYY) 04/04/2019	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Kristin Bryant			Registration Number, if PAC	
Street Address 387 Cheyenne Way	Employer/Occupation/Labor Organization* attorney - Bryant Law Offices, LLC		Date (MM/DD/YYYY) 04/04/2019	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Cornelius McGrady			Registration Number, if PAC	
Street Address 8675 Kingsley Dr.	Employer/Occupation/Labor Organization* retired		Date (MM/DD/YYYY) 04/04/2019	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Rhonda Huckleby			Registration Number, if PAC	
Street Address 9195 Ridgeline Dr.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 04/04/2019	Amount \$40.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) cash	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
\$705.00

Total Expenditures This Event
\$90.00

Page Total \$315.00