



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Greg Knight			Registration Number, if PAC	
Street Address 2924 California St	Employer/Occupation/Labor Organization* Self-employed/Financial Planner		Form (Cash, Check, etc.) Credit Card	
City Oakland	State CA	Zip Code 94602	Date (MM/DD/YYYY) 10/17/2019	Amount 20.00
Full Name of Contributor David Donofrio			Registration Number, if PAC	
Street Address 298 Carilla Ln	Employer/Occupation/Labor Organization* Prairie Twp/Admin Asst		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 10/17/2019	Amount 25.00
Full Name of Contributor Rick Neal			Registration Number, if PAC	
Street Address 982 Jaeger St	Employer/Occupation/Labor Organization* None/Homemaker		Form (Cash, Check, etc.) Credit Card	
City Columbus	State OH	Zip Code 43206	Date (MM/DD/YYYY) 10/21/2019	Amount 100.00
Full Name of Contributor Tina Maharath			Registration Number, if PAC	
Street Address 6608 Mountain Ash Dr	Employer/Occupation/Labor Organization* JPMorgan/Workforce Analyst		Form (Cash, Check, etc.) Credit Card	
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 11/03/2019	Amount 100.00
Full Name of Contributor Grace Cherrington			Registration Number, if PAC	
Street Address 4018 Courter Rd SW	Employer/Occupation/Labor Organization* Licking County Board of Elections		Form (Cash, Check, etc.) Credit Card	
City Pataskala	State OH	Zip Code 43062	Date (MM/DD/YYYY) 11/05/2019	Amount 100.00

*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)]