



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Regina K Martin			Registration Number, if PAC	
Street Address 334 Broadway E, Apt 1		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Granville	State OH	Zip Code 43023	Date (MM/DD/YYYY) 09/18/2019	Amount 100.00
Full Name of Contributor Lauren Rummel			Registration Number, if PAC	
Street Address 720 W 3rd Ave Apt 443		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43212	Date (MM/DD/YYYY) 09/18/2019	Amount 100.00
Full Name of Contributor Monica E Hawkins			Registration Number, if PAC	
Street Address 2815 Kingsrowe Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/18/2019	Amount 100.00
Full Name of Contributor Rosemary Duffy			Registration Number, if PAC	
Street Address 198 Deer Meadow Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Gahanna	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09/18/2019	Amount 50.00
Full Name of Contributor Ruth M Lawson			Registration Number, if PAC	
Street Address 2551 S Limestone St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Springfield	State OH	Zip Code 45505	Date (MM/DD/YYYY) 09/18/2019	Amount 50.00

*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)]