



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Shook For Reynoldsburg				
Full Name of Contributor Nancy Day-Achauer			Registration Number, if PAC	
Street Address 5951 Luccis Ct.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online	
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 11/04/2019	Amount \$25.00
Full Name of Contributor Thomas Hayes			Registration Number, if PAC	
Street Address 65 E. Livingston Ave.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 11/05/2019	Amount \$100.00
Full Name of Contributor Grace Cherrington			Registration Number, if PAC	
Street Address 4018 Courter Rd. SW	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Online	
City Pataskala	State OH	Zip Code 43062	Date (MM/DD/YYYY) 11/05/2019	Amount \$100.00
Full Name of Contributor Elena Tuhy-Walters			Registration Number, if PAC	
Street Address 411 Wetmore Rd.	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43214	Date (MM/DD/YYYY) 11/02/2019	Amount \$50.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]