



# Statement of Contributions Received

Form 31-A

ORC 3517.10

<b>Full Name of Committee</b> Jenkins for Reynoldsburg				
Full Name of Contributor Keith Melvin			Registration Number, if PAC	
Street Address 2027 Faith Dr.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check
City Cincinnati	State OH	Zip Code 45237	Date (MM/DD/YYYY) 10/13/2019	Amount \$250.00
Full Name of Contributor Julia Hairston			Registration Number, if PAC	
Street Address 214 Hastings St.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check
City Cincinnati	State OH	Zip Code 45219	Date (MM/DD/YYYY) 10/15/2019	Amount \$100.00
Full Name of Contributor Julia Hairston			Registration Number, if PAC	
Street Address 214 Hastings St.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check
City Cincinnati	State OH	Zip Code 45219	Date (MM/DD/YYYY) 10/15/2019	Amount \$150.00
Full Name of Contributor Angie Jenkins			Registration Number, if PAC	
Street Address 945 Mahle Dr.		Employer/Occupation/Labor Organization* retired		Form (Cash, Check, etc.) check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/23/2019	Amount \$1,000.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	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)]

Page Total \$1,500.00