



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Educators PAC				
Full Name of Contributor OEA-FCPE			Registration Number, if PAC	
Street Address 225 E Broad St		Employer/Occupation/Labor Organization* Ohio Education Assoc.		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 9/13/2019	Amount \$949.06
Full Name of Contributor Brian Gentile			Registration Number, if PAC	
Street Address 4874 Chery Chase Ave		Employer/Occupation/Labor Organization* Teacher		Form (Cash, Check, etc.) check 258
City Columbus	State OH	Zip Code 43220	Date (MM/DD/YYYY) 10/1/2019	Amount \$25.00
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
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
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)]

Page Total **\$974.06**