



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Christopher Marlowe Shook			Registration Number, if PAC	
Street Address 572 Hunnicut Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 07/20/2018	Amount 50.00
Full Name of Contributor Kristin Bryant			Registration Number, if PAC	
Street Address 387 Cheyenne Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 07/20/2018	Amount 50.00
Full Name of Contributor Tatjana Bozhinovski			Registration Number, if PAC	
Street Address 412 Cheyenne Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 07/31/2018	Amount 25.00
Full Name of Contributor Neal Whitman			Registration Number, if PAC	
Street Address 7916 Windrift Pl		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 07/31/2018	Amount 25.00
Full Name of Contributor Tori Begeny			Registration Number, if PAC	
Street Address 8840 Kingsley Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/16/2018	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)]