



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee REYNOLDSBURG AREA DEMOCRATS PAC				
Full Name of Contributor DENNIS NICODEMUS			Registration Number, if PAC	
Street Address 1146 CARROUSEL DR E		Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CHECK
City REYNOLDSBURG	State OH	Zip Code 43068	Date (MM/DD/YYYY) 01/21/2019	Amount 50.00
Full Name of Contributor KRISTIN J BRYANT			Registration Number, if PAC	
Street Address 387 CHEYENNE WAY		Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CHECK
City REYNOLDSBURG	State OH	Zip Code 43068	Date (MM/DD/YYYY) 01/21/2019	Amount 25.00
Full Name of Contributor NEAL WHITMAN			Registration Number, if PAC	
Street Address 7916 WINDRIFT PL		Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CHECK
City REYNOLDSBURG	State OH	Zip Code 43068	Date (MM/DD/YYYY) 01/21/2019	Amount 25.00
Full Name of Contributor ROGER CRUISE			Registration Number, if PAC	
Street Address 989 HILLRIDGE RD		Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CHECK
City REYNOLDSBURG	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/18/2019	Amount 50.00
Full Name of Contributor MILDRED M JOHNSON			Registration Number, if PAC	
Street Address 1931 GLENFORD COURT		Employer/Occupation/Labor Organization* OCCUPATION		Form (Cash, Check, etc.) CHECK
City REYNOLDSBURG	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/18/2019	Amount 25.00

*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)]