OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Reynoldsburg Area Democrats PAC

Full Name of Contributor				Registration Number, if PAC
Crystal L Lett				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
2937 Rushbury Dr				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Dublin	OH	43017	09/23/2019	50.00

Full Name of Contributor				Registration Number, if PAC
Nancy Day-Achauer				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
5951 Lucas Ct				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Columbus	OH	43228	09/23/2019	25.00

Full Name of Contributor				Registration Number, if PAC
Michelle C Hansen				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
7721 Burkey Dr				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Reynoldsburg	OH	43068	09/23/2019	50.00

Full Name of Contributor				Registration Number, if PAC
Citizens for Kim Maggard				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
600 Link Rd				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Whitehall	OH	43213	09/23/2019	50.00

Full Name of Contributor				Registration Number, if PAC
Rosemary Duffy				
Street Address	**Employer/Occupation/Labor Organization***			**Form (Cash, Check, etc.)**
198 Deer Meadow Dr				Check
City	**State**	**Zip Code**	**Date (MM/DD/YYYY)**	**Amount**
Gahanna	OH	43230	09/23/2019	50.00

*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)]

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