



Statement of Contributions Received at a Social or Fund-Raising Event

Form 31-E
R.C. 3517.10(B)

Full Name of Committee Jenkins for Reynoldsburg				
Full Name of Contributor Christine Garcia			Registration Number, if PAC	
Street Address 6854 Brockland Dr.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 05/04/2019	Amount \$25.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) cash	
Full Name of Contributor Harrietta Walker			Registration Number, if PAC	
Street Address 3269 Long Cove Ct.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 05/04/2019	Amount \$60.00
City Pickerington	State OH	Zip Code 43147	Form (Cash, Check, Etc) cash	
Full Name of Contributor Willie Jenkins			Registration Number, if PAC	
Street Address 945 Mahle Dr.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 05/04/2019	Amount \$100.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Drema Scott			Registration Number, if PAC	
Street Address 936 Mahle Dr.	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 05/04/2019	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	
Full Name of Contributor Crystal Mirth			Registration Number, if PAC	
Street Address 7793 Jordan Crossing	Employer/Occupation/Labor Organization* unknown		Date (MM/DD/YYYY) 05/04/2019	Amount \$50.00
City Reynoldsburg	State OH	Zip Code 43068	Form (Cash, Check, Etc) check	

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total Contributions This Event
\$435.00

Total Expenditures This Event
\$0.00

Page Total \$ 285.00