



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Michelle C Hansen			Registration Number, if PAC	
Street Address 7721 Burkley Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/18/2019	Amount 50.00
Full Name of Contributor Contributions from Fundraising Event			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount 4,483.65
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State OH	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 OH	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 OH	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)]