



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Friends of Joe Begeny			Registration Number, if PAC	
Street Address 545 E Town St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/08/2019	Amount 56.63
Full Name of Contributor Friends of Joe Begeny			Registration Number, if PAC	
Street Address 545 E Town St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/01/2019	Amount 77.48
Full Name of Contributor Friends of M Lawson Rowe			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) 08/08/2019	Amount 344.00
Full Name of Contributor Friends of Joe Begeny			Registration Number, if PAC	
Street Address 545 E Town St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 08/08/2019	Amount 48.00
Full Name of Contributor James H Smith			Registration Number, if PAC	
Street Address 8334 Priestley Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/08/2019	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)]