



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Friends of Shanette Strickland			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) 10/15/2019	Amount 121.63
Full Name of Contributor Friends of Franklin Davis			Registration Number, if PAC	
Street Address 7972 Fenway Cir		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/30/2019	Amount 105.10
Full Name of Contributor Friends of Debbie Dunlap			Registration Number, if PAC	
Street Address 922 McCarrick Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/29/2019	Amount 100.00
Full Name of Contributor Marcia J Phelps			Registration Number, if PAC	
Street Address 205 Gladys Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Newark	State OH	Zip Code 43055	Date (MM/DD/YYYY) 11/06/2019	Amount 105.10
Full Name of Contributor Citizens for Max Sutton			Registration Number, if PAC	
Street Address 945 Jonathan Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Newark	State OH	Zip Code 43055	Date (MM/DD/YYYY) 10/25/2019	Amount 105.10

*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)]