



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Ruth M Lawson			Registration Number, if PAC	
Street Address 2551 S Limestone St	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Springfield	State OH	Zip Code 45505	Date (MM/DD/YYYY) 09/23/2019	Amount 50.00
Full Name of Contributor Mary J Kilroy			Registration Number, if PAC	
Street Address 3100 Midgard Rd	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 09/23/2019	Amount 100.00
Full Name of Contributor Tamar C Williamson			Registration Number, if PAC	
Street Address 1291 Winfree Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Westerville	State OH	Zip Code 43081	Date (MM/DD/YYYY) 09/23/2019	Amount 150.00
Full Name of Contributor Cash Contributions of \$25 or less			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash	
City	State	Zip Code	Date (MM/DD/YYYY) 10/09/2019	Amount 50.00
Full Name of Contributor Louis M Salvati			Registration Number, if PAC	
Street Address 767 Tricolor Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/09/2019	Amount 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)]