



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Tina Maharath			Registration Number, if PAC	
Street Address 6608 Mountain Ash Dr		Employer/Occupation/Labor Organization* JPMorgan/Workforce Analyst		Form (Cash, Check, etc.) Credit Card
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 07/09/2019	Amount 25.00
Full Name of Contributor Louis Salvati			Registration Number, if PAC	
Street Address 767 Tricolor Dr		Employer/Occupation/Labor Organization* Abbot Labs/Chemist		Form (Cash, Check, etc.) Credit Card
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 07/15/2019	Amount 48.00
Full Name of Contributor Angie Jenkins			Registration Number, if PAC	
Street Address 945 Mahle Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/04/2019	Amount 48.00
Full Name of Contributor Angie Jenkins			Registration Number, if PAC	
Street Address 945 Mahle Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Credit Card
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/06/2019	Amount 77.48
Full Name of Contributor Rin Das			Registration Number, if PAC	
Street Address 1 Miranova Place, Apt 740		Employer/Occupation/Labor Organization* DemsWin/Consultant		Form (Cash, Check, etc.) Credit Card
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 09/18/2019	Amount 600.00

*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)]