OFFICE OF THE
Ohio Secretary of State

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee
Shook For Reynoldsburg

Full Name of Contributor	Registration Number, if PAC
Beryl Piccolantonio	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
963 Riva Ridge Boulevard		Credit Card Payment

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Gahanna	OH	43230	4/29/2019	75.00

Full Name of Contributor	Registration Number, if PAC
Marilyn Brown	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
34 West Poplar Ave.		Credit Card Payment

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43215	4/29/2019	100.00

Full Name of Contributor	Registration Number, if PAC
Merisa Bowers	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
363 Higley Ct.		Credit Card Payment

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Gahanna	OH	43230	3/12/2019	75.00

Full Name of Contributor	Registration Number, if PAC
Carl Aveni	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
4091 Glenmont Place		Credit Card Payment

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Columbus	OH	43214	2/22/2019	200.00

Full Name of Contributor	Registration Number, if PAC
Bhuwan Pyakurel	

Street Address	Employer/Occupation/Labor Organization*	Form (Cash, Check, etc.)
8386 Ashlynd Place		Credit Card Payment

City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Reynoldsburg	OH	43068	2/21/2019	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)]

Page Total $475.00