



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Jenkins for Reynoldsburg				
Full Name of Contributor Clifton Spinner			Registration Number, if PAC	
Street Address 13050 Heatherstone Cir.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) credit card
City Pickerington	State OH	Zip Code 43147	Date (MM/DD/YYYY) 10/22/2019	Amount \$50.00
Full Name of Contributor Doyline Williams			Registration Number, if PAC	
Street Address 7266 Doverwood Ct.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) credit card
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/28/2019	Amount \$50.00
Full Name of Contributor Judy Young			Registration Number, if PAC	
Street Address 1203 Thomas Ct.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) credit card
City Cincinnati	State OH	Zip Code 45215	Date (MM/DD/YYYY) 10/29/2019	Amount \$20.00
Full Name of Contributor Avery Stanley			Registration Number, if PAC	
Street Address 1172 Bergenia Dr.		Employer/Occupation/Labor Organization* N/A		Form (Cash, Check, etc.) cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 10/23/2019	Amount \$30.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]