



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Chistopher Marlowe Shook			Registration Number, if PAC	
Street Address 572 Hunnicut Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/13/2019	Amount 50.00
Full Name of Contributor Christine A Smith			Registration Number, if PAC	
Street Address 8334 Priestley Dr	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/13/2019	Amount 45.00
Full Name of Contributor Bhuwan Pyakurel			Registration Number, if PAC	
Street Address 2450 Goldengate Sq S Apt H	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 03/13/2019	Amount 50.00
Full Name of Contributor Kristin J Bryant			Registration Number, if PAC	
Street Address 387 Cheyenne Way	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 03/13/2019	Amount 25.00
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) 03/26/2019	Amount 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)]