



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Shook For Reynoldsburg				
Full Name of Contributor Boggs For Ohio			Registration Number, if PAC	
Street Address 545 E. Town St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 2/25/2019	Amount 100.00
Full Name of Contributor Marcia J. Phelps			Registration Number, if PAC	
Street Address 205 Gladys Ave.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Newark	State OH <input type="checkbox"/>	Zip Code 43055	Date (MM/DD/YYYY) 3/12/2019	Amount 100.00
Full Name of Contributor Loraine R. Carlson			Registration Number, if PAC	
Street Address 6596 Linnville Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Heath	State OH <input type="checkbox"/>	Zip Code 43056	Date (MM/DD/YYYY) 5/2/2019	Amount 100.00
Full Name of Contributor Karen Held Phipps			Registration Number, if PAC	
Street Address 3807 Lakedale Dr.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Hilliard	State OH <input type="checkbox"/>	Zip Code 43026	Date (MM/DD/YYYY) 6/18/2019	Amount 100.00
Full Name of Contributor Stonewall Democrats of Central Ohio			Registration Number, if PAC	
Street Address 340 E. Fulton		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 4/21/2019	Amount 100.00

*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 \$500.00