



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Mary J Kilroy			Registration Number, if PAC	
Street Address 3100 Midgard Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43202	Date (MM/DD/YYYY) 09/17/2019	Amount 100.00
Full Name of Contributor Nancy Day-Achauer			Registration Number, if PAC	
Street Address 5951 Luccia Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43228	Date (MM/DD/YYYY) 09/18/2019	Amount 25.00
Full Name of Contributor Crystal L Lett			Registration Number, if PAC	
Street Address 2937 Rushbury Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Dublin	State OH	Zip Code 43017	Date (MM/DD/YYYY) 09/17/2019	Amount 50.00
Full Name of Contributor Catherine M Nelson			Registration Number, if PAC	
Street Address 321 Pontious Ln Apt A7		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Circleville	State OH	Zip Code 43113	Date (MM/DD/YYYY) 09/19/2019	Amount 20.00
Full Name of Contributor Citizens for Kim Maggard			Registration Number, if PAC	
Street Address 600 Link Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Whitehall	State OH	Zip Code 43213	Date (MM/DD/YYYY) 09/18/2019	Amount 50.00

*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)]