



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Shook For Reynoldsburg				
Full Name of Contributor Bryant Law Offices, LLC			Registration Number, if PAC	
Street Address 538 E. Rich St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 1/19/2019	Amount 100.00
Full Name of Contributor Margaret Mary Luzny			Registration Number, if PAC	
Street Address 486 Waggoner Rd.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 2/15/2019	Amount 25.00
Full Name of Contributor Mildred M. Johnson			Registration Number, if PAC	
Street Address 1931 Glenford Ct.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 2/23/2019	Amount 50.00
Full Name of Contributor Robert F. Krapenc, Esq.			Registration Number, if PAC	
Street Address 580 S. High St.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 3/1/2019	Amount 250.00
Full Name of Contributor Nicodemus For Trustee			Registration Number, if PAC	
Street Address 1146 Carrousel Dr. E.		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH <input type="checkbox"/>	Zip Code 43068	Date (MM/DD/YYYY) 2/26/2019	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 \$525.00