



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee					
Reynoldsburg Area Democrats PAC					
Full Name of Contributor Registration N				Registration Number	er, if PAC
Stacie Baker					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
1101 Bergenia Dr					Check
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Reynoldsburg	он	43068		08/16/2018	50.00
Full Name of Contributor	Registration Number,			er, if PAC	
Louis Salvati					
Street Address	Employer	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			
767 Tricolor Dr			Credit Card		
City	State	Zip Code	Date (MM/DI	DYYYY)	Amount
Reynoldsburg	ОН	43068		08/17/2018	40.00
Full Name of Contributor	Registration Number, if PAC				
Sean Cress					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
7671 Broadwyn Dr		Credit Card			
City	State	Zip Code	Date (MM/DD/YYYY)		Amount
Reynoldsburg	ОН	43068	08/18/2018 25		25.00
Full Name of Contributor				Registration Number, if PAC	
Regina Hunter					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
5561 Templar St		Credit Card			
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount
Columbus	ОН	43232		08/18/2018	15.00
Full Name of Contributor	Registration Number				er, if PAC
Julie Mulroy					
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
5 Sheppard Pl		Credit Card			
City	State	Zip Code	Date (MM/D	Date (MM/DD/YYYY) Amount	
Granville	он	43203		08/18/2018	10.00

Page Total 140.00
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<sup>\*</sup>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)]