



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Jenkins for Reynoldsburg				
Full Name of Contributor Kelly Garner			Registration Number, if PAC	
Street Address 109 College Crossing		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) cash
City Rolling Meadows	State IL	Zip Code 60008	Date (MM/DD/YYYY) 08/23/2019	Amount \$100.00
Full Name of Contributor Angela Smith			Registration Number, if PAC	
Street Address 1914 Northcutt		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) cash
City Cincinnati	State OH	Zip Code 45237	Date (MM/DD/YYYY) 08/23/2019	Amount \$100.00
Full Name of Contributor Sil Watkins			Registration Number, if PAC	
Street Address P.O. Box 141203		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) cash by Paypal individually
City Cincinnati	State OH	Zip Code 45250	Date (MM/DD/YYYY) 08/23/2019	Amount \$200.00
Full Name of Contributor D. Rodgers			Registration Number, if PAC	
Street Address 1172 Tidewater Dr.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) cash
City Westerville	State OH	Zip Code 43082	Date (MM/DD/YYYY) 08/23/2019	Amount \$40.00
Full Name of Contributor Sandra Jenkins-Smith			Registration Number, if PAC	
Street Address 10949 Fallstone Dr.		Employer/Occupation/Labor Organization* unknown		Form (Cash, Check, etc.) check
City Cincinnati	State OH	Zip Code 45246	Date (MM/DD/YYYY) 08/26/2019	Amount \$35.00

*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)]