



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Friends of Dr Anahi Ortiz			Registration Number, if PAC	
Street Address 7727 Sudbrook Sq		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City New Albany	State OH	Zip Code 43054	Date (MM/DD/YYYY) 09/23/2019	Amount 100.00
Full Name of Contributor Lori M Tyack			Registration Number, if PAC	
Street Address 4080 Chelsea Bridge Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09/23/2019	Amount 100.00
Full Name of Contributor Carole Depaola			Registration Number, if PAC	
Street Address 4944 Buck Thorn Ln		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43230	Date (MM/DD/YYYY) 09/23/2019	Amount 150.00
Full Name of Contributor Mary K Lazarus			Registration Number, if PAC	
Street Address 2094 Park Hill Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 09/23/2019	Amount 200.00
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) 09/23/2019	Amount 20.00

*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)]