



Statement of Contributions Received

Form 31-A
ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Shook for Reynoldsburg			Registration Number, if PAC	
Street Address 387 Cheyenne Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/08/2019	Amount 56.63
Full Name of Contributor Friends of M Lawson Rowe			Registration Number, if PAC	
Street Address 387 Cheyenne Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/08/2019	Amount 48.00
Full Name of Contributor Stacie Baker			Registration Number, if PAC	
Street Address 1101 Bergenia Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/08/2019	Amount 15.00
Full Name of Contributor Lisa M Shook			Registration Number, if PAC	
Street Address 572 Hunnicut Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/08/2019	Amount 25.00
Full Name of Contributor Richard D Brown			Registration Number, if PAC	
Street Address 7559 Bruns Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Canal Winchester	State OH	Zip Code 43110	Date (MM/DD/YYYY) 08/08/2019	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)]