

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Reynoldsburg Area Democrats PAC							
Full Name of Contributor Friends of Joe Begeny						Registration Number, if PAC	
Street Address 4100 Regent St, Ste A		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43219	M 1	D 0	Y 2 0 1 7	Amount 250.00	
Full Name of Contributor Friends of Kristin Bryant						Registration Number, if PAC	
Street Address 4100 Regent St, Ste A		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43219	M 1	D 0	Y 2 0 1 7	Amount 250.00	
Full Name of Contributor J J Carlisle						Registration Number, if PAC	
Street Address 6767 Palmer Rd		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Etna	State O H	Zip Code 43046	M 1	D 0	Y 2 4 1 7	Amount 150.00	
Full Name of Contributor Friends of John O'Grady Committee						Registration Number, if PAC	
Street Address 545 E Town St		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2 6 1 7	Amount 100.00	
Full Name of Contributor Friends of Marilyn Brown						Registration Number, if PAC	
Street Address 550 E Walnut St		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 2 6 1 7	Amount 100.00	
Full Name of Contributor Franklin County Democratic Party						Registration Number, if PAC	
Street Address 340 E Fulton St		Employer/Occupation/Labor Organization* Refunded 10/30/2017				Form (Cash, Check, etc.) EFT	
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 3 0 1 7	Amount 985.00	
Full Name of Contributor Jeffrey D Mackey						Registration Number, if PAC	
Street Address 1538 Melrose Ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43224	M 1	D 0	Y 3 1 1 7	Amount 50.00	
Full Name of Contributor Anonymous Cash Contribution						Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City	State	Zip Code	M 1	D 1	Y 0 2 1 7	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 appear. [R.C. 3517.10(B)(4)]