



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee				
Reynoldsburg Area Democrats PAC				
Full Name of Contributor			Registration Number, if PAC	
Louis Salvati				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
767 Tricolor Dr		Abbot Labs/Chemist		Credit Card
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Reynoldsburg	OH	43068	02/20/2019	25.00
Full Name of Contributor			Registration Number, if PAC	
Louis Salvati				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
767 Tricolor Dr		Abbot Labs/Chemist		Credit Card
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Reynoldsburg	OH	43068	05/08/2019	50.00
Full Name of Contributor			Registration Number, if PAC	
John Bowman				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
8120 Priestley Dr				Credit Card
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Reynoldsburg	OH	43068	05/15/2019	25.00
Full Name of Contributor			Registration Number, if PAC	
Joseph Begeny				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
8840 Kingsley Dr		Columbus City Schools/Teacher		Credit Card
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Reynoldsburg	OH	43068	05/15/2019	150.00
Full Name of Contributor			Registration Number, if PAC	
Franklin Davis				
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
7972 Fenway Cir		Census/Manager		Credit Card
City	State	Zip Code	Date (MM/DD/YYYY)	Amount
Reynoldsburg	OH	43068	05/23/2019	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)]