



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Cash Contributions of \$25 or less			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City	State	Zip Code	Date (MM/DD/YYYY) 02/21/2019	Amount 25.00
Full Name of Contributor Mildred M Johnson			Registration Number, if PAC	
Street Address 1931 Glenford Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/21/2019	Amount 25.00
Full Name of Contributor Roger V Cruse			Registration Number, if PAC	
Street Address 989 Hillridge Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/21/2019	Amount 50.00
Full Name of Contributor Christine A Smith			Registration Number, if PAC	
Street Address 8334 Priestley Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/21/2019	Amount 50.00
Full Name of Contributor Jeniffer L Quesenberry			Registration Number, if PAC	
Street Address 949 Lancaster Ave		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 02/21/2019	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)]