



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Reynoldsburg Area Democrats PAC				
Full Name of Contributor Tom Kingery			Registration Number, if PAC	
Street Address 5798 Windriver Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 08/08/2019	Amount 40.00
Full Name of Contributor Tanikka Price			Registration Number, if PAC	
Street Address 2899 Templeton Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43209	Date (MM/DD/YYYY) 08/08/2019	Amount 50.00
Full Name of Contributor Tre Rowe			Registration Number, if PAC	
Street Address 1885 Fountainview Ct		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43232	Date (MM/DD/YYYY) 08/08/2019	Amount 30.00
Full Name of Contributor Jean M Williams			Registration Number, if PAC	
Street Address 6367 Portsmouth		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Reynoldsburg	State OH	Zip Code 43068	Date (MM/DD/YYYY) 09/23/2019	Amount 100.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City Columbus	State	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]