




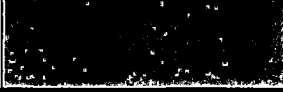






Statement of Expenditures for Social or Fund-Raising Event

Form 31-F
R.C. 3517.10

Full Name of Committee FRANKLIN County Democratic Lawyers Club PAC				
To Whom Paid ACT Blue		Date (MM/DD/YYYY) 07/03/2019		Amount 000000 86 ⁶⁷
Street Address		Purpose SERVICE charge online CREDIT charge		
City	State 	Zip Code	Check Number 	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State 	Zip Code	Check Number 	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State 	Zip Code	Check Number 	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State 	Zip Code	Check Number 	
To Whom Paid		Date (MM/DD/YYYY)		Amount
Street Address		Purpose		
City	State 	Zip Code	Check Number 	

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 86⁶⁷