

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Young Democrats Political Action Committee						
Full Name of Contributor Annie Marsico				Registration Number, if PAC		
Street Address 1082 Michigan Ave		Employer/Occupation/Labor Organization* Columbus City Council - Aide			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43201	M 0	D 5	Y 0814	Amount \$20.00
Full Name of Contributor John Oswalt				Registration Number, if PAC		
Street Address 1082 Michigan Ave.		Employer/Occupation/Labor Organization* Columbus City Council - Aide			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43201	M 0	D 5	Y 0814	Amount \$20.00
Full Name of Contributor Rob Dorans				Registration Number, if PAC		
Street Address 299 west 2nd ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43201	M 0	D 5	Y 0814	Amount \$20.00
Full Name of Contributor Dominic Paretti				Registration Number, if PAC		
Street Address 522 1/2 pearl street		Employer/Occupation/Labor Organization* Ohio House of Representatives - Aide			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43215	M 0	D 5	Y 0814	Amount \$20.00
Full Name of Contributor Rory Sears				Registration Number, if PAC		
Street Address 1045 Hunter Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43201	M 0	D 5	Y 0814	Amount \$10.00
Full Name of Contributor Patrick Burriss				Registration Number, if PAC		
Street Address 1363 Thornwood Place		Employer/Occupation/Labor Organization* Thirty-One Gifts - Video Production			Form (Cash, Check, etc.) Cash	
City Columbus	State OH	Zip Code 43212	M 0	D 5	Y 0814	Amount \$20.00
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State	Zip Code	M	D	Y	Amount
Full Name of Contributor				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)	
City	State OH	Zip Code	M	D	Y	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)]