

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRANKLIN County Democratic Lawyers Club PAC				
Full Name of Contributor Kyle Strickland			Registration Number, if PAC	
Street Address 222 E. Town St		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) ACT Blue
City Columbus	State OH ☒	Zip Code 43215	Date (MM/DD/YYYY) 06/27/2019	Amount 50
Full Name of Contributor SARAH Pomeroy			Registration Number, if PAC	
Street Address 570 S. FRONT ST #112		Employer/Occupation/Labor Organization* Attorney CTRY of GL		Form (Cash, Check, etc.) ACT Blue
City Columbus	State OH ☒	Zip Code 43215	Date (MM/DD/YYYY) 06/27/2019	Amount 50
Full Name of Contributor DAVID MARCUS			Registration Number, if PAC	
Street Address 363 N. Drexel Ave		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) ACT Blue
City Bexley	State OH ☒	Zip Code 43209	Date (MM/DD/YYYY) 06/27/2019	Amount 50
Full Name of Contributor Beryl Piccalantoni			Registration Number, if PAC	
Street Address 903 Riva Ridge Blvd		Employer/Occupation/Labor Organization* State of Ohio		Form (Cash, Check, etc.) ACT Blue
City Mahanwa	State OH ☒	Zip Code 43230	Date (MM/DD/YYYY) 06/27/2019	Amount 50
Full Name of Contributor Jennifer Stack			Registration Number, if PAC	
Street Address 3205 Middleboro Way		Employer/Occupation/Labor Organization* Attorney, Franklin County		Form (Cash, Check, etc.) ACT Blue
City Dublin	State OH ☒	Zip Code 43017	Date (MM/DD/YYYY) 06/27/2019	Amount 50

*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)]