

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

| | | | | | |
|---|---|--------------------------|--|-----------------------------|----------------|
| Name of Committee in Full <u>Franklin County Democratic Lawyers Club PAC</u> | | | | Registration Number, if PAC | |
| Full Name of Contributor <u>Don Shartzer</u> | | | | Registration Number, if PAC | |
| Street Address <u>373 High St.</u> | Employer/Occupation/Labor Organization* | | M <u>10</u> | D <u>04</u> | Y <u>11</u> |
| City <u>Columbus</u> | State <u>OH</u> | Zip Code <u>43215</u> | Form (Cash, Check, etc.) <u>Cash</u> | | |
| Amount <u>40.00</u> | | | | | |
| Full Name of Contributor <u>Laurel Beatty</u> | | | | Registration Number, if PAC | |
| Street Address <u>268 E Gates St.</u> | Employer/Occupation/Labor Organization* | | M <u>10</u> | D <u>04</u> | Y <u>11</u> |
| City <u>Columbus</u> | State <u>OH</u> | Zip Code <u>43206</u> | Form (Cash, Check, etc.) <u>Check</u> | | |
| Amount <u>100.00</u> | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| Amount | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
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| Amount | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| Street Address | Employer/Occupation/Labor Organization* | | M | D | Y |
| City | State | Zip Code | Form (Cash, Check, etc.) | | |
| 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column:

Total contributions this event

3145 00

Total expenditures this event.

272 25

Page Total \$ 140.00