



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Adelante Franklin County Dems				
Full Name of Contributor Stephen McIntosh			Registration Number, if PAC	
Street Address 799 Nob Hill Dr W	Employer/Occupation/Labor Organization* Judge		Form (Cash, Check, etc.) Check	
City Gahanna	State OH <input type="checkbox"/>	Zip Code 43230	Date (MM/DD/YYYY) 10/25/2018	Amount 50.00
Full Name of Contributor Johnny E Brown			Registration Number, if PAC	
Street Address 106 N. High St Apt 604	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 10/25/2018	Amount 25.00
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input type="checkbox"/>	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)]