

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRANKLIN COUNTY DEMOCRATIC LAWYERS CLUB PAC				
Full Name of Contributor Bill R. Hedrick			Registration Number, if PAC	
Street Address 535 W. 1 st Ave		Employer/Occupation/Labor Organization* Attorney City of Columbus		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43215	Date (MM/DD/YYYY) 06/27/2019	Amount 50
Full Name of Contributor Jeff Mackey			Registration Number, if PAC	
Street Address 1538 Melrose Ave		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) check
City Columbus	State OH	Zip Code 43224	Date (MM/DD/YYYY) 06/27/2019	Amount 50
Full Name of Contributor Robert M. Robenalt			Registration Number, if PAC	
Street Address 2222 Northam Rd		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/27/2019	Amount 50
Full Name of Contributor John Kulewicz			Registration Number, if PAC	
Street Address 2104 Yorkshire Rd		Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) check
City Upper Arlington	State OH	Zip Code 43221	Date (MM/DD/YYYY) 06/27/2019	Amount 50
Full Name of Contributor Miranda Ivan			Registration Number, if PAC	
Street Address 693 First Parish Rd		Employer/Occupation/Labor Organization* Administrator Act Blue		Form (Cash, Check, etc.) Act Blue
City Scituate	State MA	Zip Code 2066	Date (MM/DD/YYYY) 06/15/2019	Amount 1

*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)]