



## **Statement of Contributions Received**

Form 31-A

ORC 3517.10

Full Name of Committee			
Franklin County Adelante Democrats			e e e
Full Name of Contributor Registrat			lumber, if PAC
Deposit details to come, requesting images	<b>5</b>		:
Street Address	Employer/Occupation/La	Employer/Occupation/Labor Organization*	
Sity	State Zip Code	Date (MM/DD/YYYY)	Amount
			205.00
Full Name of Contributor		Registration N	lumber, if PAC
			Form (Cash, Check, etc.)
Street Address	Employer/Occupation/La	Employer/Occupation/Labor Organization*	
City	State Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor		Registration N	lumber, if PAC
Street Address	Employer/Occupation/La	Employer/Occupation/Labor Organization*	
Dity	State Zip Code	Date (MM/DD/YYYY)	Amount
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Full Name of Contributor		Registration N	Number, if PAC
	Employer/Occupation/La		
Street Address			Number, if PAC Form (Cash, Check, etc.) Amount
Street Address	Employer/Occupation/La	Date (MM/DD/YYYY)	Form (Cash, Check, etc.)
Full Name of Contributor  Street Address  City  Full Name of Contributor  Street Address	Employer/Occupation/La	Date (MM/DD/YYYY)  Registration N	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)]

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