

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

Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Democratic Lawyers Club PAC					
Full Name of Contributor Brendan Inscho				Registration Number, if PAC	
Street Address 2780 Kensington Place East		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$50.00
City Columbus	State OH	Zip Code 43202		Form (Cash, Check, etc.) Check	
Full Name of Contributor Cindi Morehart				Registration Number, if PAC	
Street Address 98 Grandview Drive		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$100.00
City Dublin	State OH	Zip Code 43017		Form (Cash, Check, etc.) Check	
Full Name of Contributor Laurel A. Beatty				Registration Number, if PAC	
Street Address 1154 Creekway Ct.		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43230		Form (Cash, Check, etc.) Check	
Full Name of Contributor Plymale & Dingus, LLC				Registration Number, if PAC	
Street Address 250 Civic Center Drive, Suite 600		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) Check	
Full Name of Contributor William H. Woods				Registration Number, if PAC	
Street Address 1022 Blind Brook Drive		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43235		Form (Cash, Check, etc.) Check	
Full Name of Contributor Ira B. Sully				Registration Number, if PAC	
Street Address 844 South Front Street		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$100.00
City Columbus	State OH	Zip Code 43206		Form (Cash, Check, etc.) Check	
Full Name of Contributor Bryant Law Offices, LLC				Registration Number, if PAC	
Street Address 538 E. Rich Street		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$75.00
City Columbus	State OH	Zip Code 43215		Form (Cash, Check, etc.) Check	

* 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

\$1,315.00

Total expenditures this event.

\$230.82

Page Total \$ **\$625.00**