

Statement of Contributions Received

Prescribed by Secretary of State 3/05

| | | | | | | | |
|---|-----------------------|---|-------------------|-------------------|---|------------------------|--|
| Name of Committee in Full Franklin County Young Democrats PAC | | | | | | | |
| Full Name of Contributor Samuel Handelman | | | | | Registration Number, if PAC | | |
| Street Address 135 W. Hubbard Ave | | Employer/Occupation/Labor Organization* The Ohio State University, Scientist | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | State O H | Zip Code | M 0 4 | D 2 4 | Y 1 3 | Amount 30.00 | |
| Full Name of Contributor Lori Ashford | | | | | Registration Number, if PAC | | |
| Street Address 1464 Presidential Drive | | Employer/Occupation/Labor Organization* Student | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | State O H | Zip Code | M 0 4 | D 1 5 | Y 1 3 | Amount 20.00 | |
| Full Name of Contributor Josh Grossman | | | | | Registration Number, if PAC | | |
| Street Address 95 E. First Ave #1 | | Employer/Occupation/Labor Organization* Zaino, Hall and Farrin/Policy | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | State O H | Zip Code | M 0 4 | D 2 4 | Y 1 3 | Amount 20.00 | |
| Full Name of Contributor Nicholas Newnham | | | | | Registration Number, if PAC | | |
| Street Address 687 N. High Street Apr 2E | | Employer/Occupation/Labor Organization* Oolgie/ project manager | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | State O H | Zip Code 43215 | M 0 4 | D 2 4 | Y 1 3 | Amount 20.00 | |
| Full Name of Contributor Antone White | | | | | Registration Number, if PAC | | |
| Street Address 792 S. 17th Street | | Employer/Occupation/Labor Organization* Franklin Co. Clerk of Courts/Deputy Clerk | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | State O H | Zip Code | M 0 4 | D 2 4 | Y 1 3 | Amount 40.00 | |
| Full Name of Contributor Nate Hall | | | | | Registration Number, if PAC | | |
| Street Address 868 Park Street Apt 201 | | Employer/Occupation/Labor Organization* Ohio Legislature, Aide | | | Form (Cash, Check, etc.) Cash | | |
| City Colum | State O H | Zip Code 43215 | M 0 4 | D 2 4 | Y 1 3 | Amount 20.00 | |
| Full Name of Contributor Devyn Paros | | | | | Registration Number, if PAC | | |
| Street Address 357 W. 7th Ave | | Employer/Occupation/Labor Organization* Columbus City Council, Aide | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | State O H | Zip Code | M 0 4 | D 2 4 | Y 1 3 | Amount 10.00 | |
| Full Name of Contributor Claudia Wilson | | | | | Registration Number, if PAC | | |
| Street Address 174 E. 12th Ave Apt E | | Employer/Occupation/Labor Organization* Student | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | State O H | Zip Code 43201 | M 0 4 | D 2 4 | Y 1 3 | Amount 20.00 | |

* 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 appear. [R.C. 3517.10(B)(4)]