R.C. 3517.10

FUK PAPEK FILING UNLY Statement of Contributions Received

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| Page | _1 | |
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Prescribed by Secretary of State 03/05

| Name of Committee in Full Hilliard Area Democratic Club | | <u> </u> | | | | | | |
|---|--|--------------------------|----------------|------------|------------|--------------------------|--------------------------------|--|
| Full Name of Contributor James Bryan Lang | | : | Regis | tratio | on Num | ber, if P | | |
| Street Address 6008 Heritage Farms Drive | Employer/Occupat | ion/Labor Organization* | | | | | Form (Cash, Check, etc.) Check | |
| City Hilliard | OH • | Zip Code 43026 | 0 M | ' ≱ | D 4 | Y | Amount 20.00 | |
| Full Name of Contributor Registration Number, if PAC | | | | | | | AC | |
| Street Address I | Employer/Occupation/Labor Organization | | | | | Form (Cash, Check, etc.) | | |
| City | State OH • | Zip Code | М | | D | Y | Amount | |
| Full Name of Contributor | Registration Number, if | | | | | ber, if P | AC | |
| Street Address | Employer/Occupat | ion/Labor Organization* | - L | | | | Form (Cash, Check, etc.) | |
| City | State OH | Zip Code | M | | D | Y | Amount | |
| Full Name of Contributor Registration Number, if PAC | | | | | | | | |
| Street Address | Employer/Occupat | ion/Labor Organization* | 1 | • | | | Form (Cash, Check, etc.) | |
| City | State OH • | Zip Code | М | | D | M | Amount | |
| Full Name of Contributor Registration Number, | | | | | iber, if I | PAC | | |
| Street Address | Employer/Occupa | tion/Labor Organization* | · ! | | | | Form (Cash, Check, etc.) | |
| City | OH • | Zip Code | М | | D | M | Amount | |
| Full Name of Contributor Registration Number, if PAC | | | | | | PAC | | |
| Street Address | Employer/Occupa | tion/Labor Organization* | | | · | | Form (Cash, Check, etc.) | |
| City | OH • | Zip Code | М | | D | Y | Amount | |
| Full Name of Contributor Registration Number, if PAC | | | | | | | | |
| Street Address | Employer/Occupa | tion/Labor Organization* | | - | | | Form (Cash, Check, etc.) | |
| City | OH • | Zip Code | М | | D | Y | Amount | |
| Full Name of Contributor Registration Number, if PAC | | | | | | | | |
| Street Address | Employer/Occupa | tion/Labor Organization* | _ | | | | Form (Cash, Check, etc.) | |
| City | State OH • | Zip Code | M | | D | Y | Amount | |

Page Total 0 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 also appear. [R.C. 3517.10(B)(4)]