31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05

Event	Date 10 /2 4	/11
Page	4 '	•

Name of Committee in Full	Treserioed by Secret	i i	· · · · · · · · · · · · · · · · · · ·		
Franklin Courty Democrat	ic Lawre	ers Club PAC	<u>,</u> 1		
Full Name of Contributor	}		Registration Number, if PAC		
John Ryerson Street Address					
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount		
417 Chase Ave. Box 323		la: o i	10041150.00 Form (Cash, Check, etc.)		
City Gambie	State 6 H	Zip Code	Check		
Full Name of Contributor	<i>D</i> #	43022	Registration Number, if PAC		
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount		
Christophen Brown Street Address 968 Euclaire Ave.			10041135.00 Form (Cash, Check, etc.)		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Full Name of Contributor	OH.	43 <i>20</i> 7	check		
			Registration Number, if PAC		
Mega Grent Street Address	- In		M D Y Amount		
6491 Ash Rock Cir.	Employer/Occup	oation/Labor Organization*			
City	Sta te	Zip Code	10041125.00 Form (Cash, Check, etc.)		
Westerville	bH	43081	check		
Full Name of Contributor	1 ,	<u> </u>	Registration Number, if PAC		
Mak Hummer Street Address					
Street Address	Employer/Occup	oation/Labor Organization*	M D Y Amount		
1795 Edgemont RJ City	State	72: 0.1	1 0 0 4 11 75.00 Form (Cash, Check, etc.)		
City	State	Zip Code			
Full Name of Contributor	64	43212	Registration Number, if PAC		
Rose Koeck Street Address					
Street Address	Employer/Occup	pation/Labor Organization*	M D Y Amount		
LOJ57 EmberwoodRd.			10041175.00 Form (Cash, Check, etc.)		
City	Sta te	Zip Code			
Dublin	BH	43017	Check		
Full Name of Contributor Registration Number, if PAC					
Anne Taylor Street Address	F		M D Y Amount		
1375 Camelot Dr.	Employer/Occup	oation/Labor Organization*	100411 75.00		
City	Sta te	Zip Code	Form (Cash, Check, etc.)		
Colmbus	bH	43220	Check		
Full Name of Contributor	* * * * * * * * * * * * * * * * * * *		Registration Number, if PAC		
Palm for Columbus					
Dalin for Columbus Street Address 1 Lolo 8 Bellamy 71.	Employer/Occup	oation/Labor Organization*	M D Y Amount		
City Bellamy 11.	Sta te	Zip Code	10041/ 75,00		
Columbias	OH	43213	Week		
* Required for contributions from individuals over \$100 to state	wide and General A	ssembly candidates. If contribu	tor 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 employeds 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. 3517.1b(B)(4)]					
Fill in the boxes below only on the last page for this event.			e e N at pn avea to ea		
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					
in the date condition					
Total contributions this event		Total expenditures this ev	vent.		
			Page Total \$ 416.00		
			Page Total \$ 770.00		