



Statement of Contributions Received

Form 31-A ORC 3517.10

Full Name of Committee						
Franklin County Adelante Democrats						
Full Name of Contributor Registration Number					er, if PAC	
Erin Ryan						
Street Address	eet Address Employer/Occupation/Labor Organization*					
5591 Bowland Pl. N, Apt 108	Innovation Ohio				Check	
City	State	Zip Code	Date (MM/D	D/YYYY)	Amount	
Dublin	ОН	43016			50.00	
Full Name of Contributor Registration Num					er, if PAC	
Sam Shin						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
6834 Maxwell Ct	Worthington Schools				Cash	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
Columbus	ОН	43235		10/18/2017	25.00	
Full Name of Contributor Registration Numb					er, if PAC	
Kyle Strickland						
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
91 W Starr Ave	Ohio State University				Check	
City	State	Zip Code	Date (MM/DD/YYYY)		Amount	
Columbus	он	43201	10/18/2017		25.00	
Full Name of Contributor Reg				Registration Number	Registration Number, if PAC	
Troy Doucet						
Street Address	ess Employer/Occupation/Labor Organization*					
	State of Ohio, Ohio House				check	
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount	
	ОН	<u> </u>		10/17/2017	50.00	
Full Name of Contributor	er, if PAC					
Kristen Bryant						
Street Address	Employer	/Occupation/Labor Org	Form (Cash, Check, etc.)			
387 Cheyenne Way	Cash					
City	State	Zip Code	Date (MM/DD/YYYY) Amount		Amount	
Reynoldsburg	он	43068		10/17/2017	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)]

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