

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee					
FRANKLIN COUNTY	, De	MOCRAT	L	MWYERS	Club PAC
Full Name of Contributor				Registration Numb	er, if PAC
Davin Lelann					
Street Address		r/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
361 Walhalla Rd	A+1	turney			Check
City	State	Zip Code '	Date (MM/DI	D/YYYY)	Amount
Columbus	01+	43202	06/2	7/2019	50
Full Name of Contributor				Registration Numb	er, if PAC
TROY Doucet					
Street Address	Employer	r/Occupation/Labor Or	rganization*		Form (Cash, Check, etc.)
Street Address 700 Stonehense Prmy City	A-1-1	TORNEY			Check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Dublin .	04	43017	06/2-	1/2019	150
Full Name of Contributor			•	Registration Numb	er, if PAC
Committee for Chris B	Rown	, for J.	105e		
Street Address	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
545 E. Town St					check
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Columbus	OH-	43215	00/2-	1/2019	50
Full Name of Contributor				Registration Numb	er, if PAC
Mark A Serrott					
Street Address		r/Occupation/Labor Or	-		Form (Cash, Check, etc.)
789 N.W. BIVD	Ju	DGE FRA	-NKLIN	County	chock
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Columbus	OH -	43212	00/2	7/2019	50
Full Name of Contributor				Registration Numb	er, if PAC
Harrison P. CARR					
Street Address	Employer	r/Occupation/Labor Or	ganization*		Form (Cash, Check, etc.)
4563 Hinden Ringe	444	orney			check.
City	State	Zip Code	Date (MM/DI	D/YYYY)	Amount
Columbus	OH V	43230	04/2	7/2019	100

*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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