



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Adelante Franklin County Democrats				
Full Name of Contributor Rini Davis			Registration Number, if PAC	
Street Address 1 Miranova Pl Apt #740	Employer/Occupation/Labor Organization* Demswin Inc		Form (Cash, Check, etc.) Cash	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 10/25/2018	Amount 25.00
Full Name of Contributor Michael Sexton			Registration Number, if PAC	
Street Address 984 Highland St	Employer/Occupation/Labor Organization* Franklin County Dem Party		Form (Cash, Check, etc.) cash	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 10/25/18	Amount 50.00
Full Name of Contributor Elvis Saldias			Registration Number, if PAC	
Street Address 937 Summit St	Employer/Occupation/Labor Organization* self		Form (Cash, Check, etc.) cash	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43201	Date (MM/DD/YYYY) 10/25/2018	Amount 25.00
Full Name of Contributor John Ramos			Registration Number, if PAC	
Street Address 1800 Ferris Rd	Employer/Occupation/Labor Organization* DSCC		Form (Cash, Check, etc.) Check	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43224	Date (MM/DD/YYYY) 10/25/2018	Amount 25.00
Full Name of Contributor Pedro D Meija			Registration Number, if PAC	
Street Address 1240 Bryson Rd	Employer/Occupation/Labor Organization* City of Columbus		Form (Cash, Check, etc.) Check	
City Columbus	State OH <input type="checkbox"/>	Zip Code 43224	Date (MM/DD/YYYY) 10/25/2018	Amount 25.00

*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)]