



Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee Franklin County Adelante Democrats				
Full Name of Contributor Lori Elmore			Registration Number, if PAC	
Street Address 645 Fairway Blvd		Employer/Occupation/Labor Organization* OCSEA/AFSCME Local 11		Form (Cash, Check, etc.) Cash
City Whitehall	State OH	Zip Code 43213	Date (MM/DD/YYYY) 10/17/2017	Amount 50.00
Full Name of Contributor Rebecca S Slisher			Registration Number, if PAC	
Street Address 481 Main St		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Cash
City Groveport	State OH	Zip Code 43125	Date (MM/DD/YYYY)	Amount 25.00
Full Name of Contributor David W Robinson			Registration Number, if PAC	
Street Address 195 E Dublin Granville Rd		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.) Check
City Worthington	State OH	Zip Code 43085	Date (MM/DD/YYYY) 10/17/2017	Amount 50.00
Full Name of Contributor Jermaine Clarke			Registration Number, if PAC	
Street Address 5833 Lou St.		Employer/Occupation/Labor Organization* Air Force		Form (Cash, Check, etc.) Cash
City Columbus	State OH	Zip Code 43231	Date (MM/DD/YYYY) 10/17/2017	Amount 10.00
Full Name of Contributor			Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)
City	State OH	Zip Code	Date (MM/DD/YYYY)	Amount

*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)]