

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | | | | |
|--|--|--------------------|--|--|---------------|-----------------------------|--|---------------------------|--|
| Name of Committee in Full Franklin County Democratic Lawyers Club Political Action Committee | | | | | | | | | |
| Full Name of Contributor Michael Shawn Dingus | | | | | | Registration Number, if PAC | | | |
| Street Address 213 Powhatan Ave. | | | Employer/Occupation/Labor Organization* Attorney | | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | | State OH | Zip Code 43204 | | M 0 | D 2 | Y 0 | Amount \$100.00 | |
| Full Name of Contributor Ira B. Sully | | | | | | Registration Number, if PAC | | | |
| Street Address 844 South Front Street | | | Employer/Occupation/Labor Organization* Attorney | | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | | State OH | Zip Code 43206 | | M 0 | D 2 | Y 1 | Amount \$50.00 | |
| Full Name of Contributor Kristen J. Brown | | | | | | Registration Number, if PAC | | | |
| Street Address 1489 Oakbourne Dr. | | | Employer/Occupation/Labor Organization* Attorney | | | | Form (Cash, Check, etc.) Check | | |
| City Worthington | | State OH | Zip Code 43235 | | M 0 | D 2 | Y 2 | Amount \$50.00 | |
| Full Name of Contributor Kimberly Cocroft | | | | | | Registration Number, if PAC | | | |
| Street Address 988 Wellington Blvd. | | | Employer/Occupation/Labor Organization* Attorney | | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | | State OH | Zip Code 43219 | | M 0 | D 2 | Y 2 | Amount \$50.00 | |
| Full Name of Contributor Michael Rankin | | | | | | Registration Number, if PAC | | | |
| Street Address 545 E. Town Street | | | Employer/Occupation/Labor Organization* Attorney | | | | Form (Cash, Check, etc.) Cash | | |
| City Columbus | | State OH | Zip Code 43215 | | M 0 | D 2 | Y 2 | Amount \$25.00 | |
| Full Name of Contributor Stephen P. Grassbaugh | | | | | | Registration Number, if PAC | | | |
| Street Address 308 Jackson Street | | | Employer/Occupation/Labor Organization* Attorney | | | | Form (Cash, Check, etc.) Check | | |
| City Columbus | | State OH | Zip Code 43206 | | M 0 | D 3 | Y 0 | Amount \$50.00 | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | Zip Code | | M | D | Y | Amount | |
| Full Name of Contributor | | | | | | Registration Number, if PAC | | | |
| Street Address | | | Employer/Occupation/Labor Organization* | | | | Form (Cash, Check, etc.) | | |
| City | | State OH | Zip Code | | M | D | Y | 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)]

Page Total **\$325.00**