

# Statement of Contributions Received

Prescribed by Secretary of State 03/05

|   |  |  |  |  |                          |                             |  |  |               |
|---|--|--|--|--|--------------------------|-----------------------------|--|--|---------------|
| Name of Committee in Full<br><b>Franklin County Democratic Lawyers Club PAC</b> |  |  |  |  |                          |                             |  |  |               |
| Full Name of Contributor<br><b>Franklin County Democratic Lawyers Club</b>      |  |  |  |  |                          | Registration Number, if PAC |  |  |               |
| Street Address<br><b>41 S. High Street, Ste. 1700</b>                           |  |  | Employer/Occupation/Labor Organization*<br><b>Political Club</b> |  |                          |                             | Form (Cash, Check, etc.)<br><b>Check</b> |  |               |
| City<br><b>Columbus</b>   |  |  | State<br><b>OH</b>   |  | Zip Code<br><b>43215</b> |                             | M<br><b>1</b>                            |  | D<br><b>0</b> |
|   |  |  |  |  |                          |                             | Y<br><b>2</b>                            |  | Y<br><b>1</b> |
|   |  |  |  |  |                          |                             | Amount<br><b>\$999.00</b>                |  |               |
| Full Name of Contributor  |  |  |  |  |                          | Registration Number, if PAC |  |  |               |
| Street Address  |  |  | Employer/Occupation/Labor Organization*                          |  |                          |                             | Form (Cash, Check, etc.)                 |  |               |
| City  |  |  | State  |  | Zip Code                 |                             | M  |  | D             |
|   |  |  | <b>OH</b>  |  |                          |                             |  |  | Y             |
|   |  |  |  |  |                          |                             | Amount                                   |  |               |
| Full Name of Contributor  |  |  |  |  |                          | Registration Number, if PAC |  |  |               |
| Street Address  |  |  | Employer/Occupation/Labor Organization*                          |  |                          |                             | Form (Cash, Check, etc.)                 |  |               |
| City  |  |  | State  |  | Zip Code                 |                             | M  |  | D             |
|   |  |  | <b>OH</b>  |  |                          |                             |  |  | Y             |
|   |  |  |  |  |                          |                             | Amount                                   |  |               |
| Full Name of Contributor  |  |  |  |  |                          | Registration Number, if PAC |  |  |               |
| Street Address  |  |  | Employer/Occupation/Labor Organization*                          |  |                          |                             | Form (Cash, Check, etc.)                 |  |               |
| City  |  |  | State  |  | Zip Code                 |                             | M  |  | D             |
|   |  |  | <b>OH</b>  |  |                          |                             |  |  | Y             |
|   |  |  |  |  |                          |                             | Amount                                   |  |               |
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| City  |  |  | State  |  | Zip Code                 |                             | M  |  | D             |
|   |  |  | <b>OH</b>  |  |                          |                             |  |  | Y             |
|   |  |  |  |  |                          |                             | Amount                                   |  |               |
| Full Name of Contributor  |  |  |  |  |                          | Registration Number, if PAC |  |  |               |
| Street Address  |  |  | Employer/Occupation/Labor Organization*                          |  |                          |                             | Form (Cash, Check, etc.)                 |  |               |
| City  |  |  | State  |  | Zip Code                 |                             | M  |  | D             |
|   |  |  | <b>OH</b>  |  |                          |                             |  |  | Y             |
|   |  |  |  |  |                          |                             | Amount                                   |  |               |
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| City  |  |  | State  |  | Zip Code                 |                             | M  |  | D             |
|   |  |  | <b>OH</b>  |  |                          |                             |  |  | Y             |
|   |  |  |  |  |                          |                             | Amount                                   |  |               |
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| Street Address  |  |  | Employer/Occupation/Labor Organization*                          |  |                          |                             | Form (Cash, Check, etc.)                 |  |               |
| City  |  |  | State  |  | Zip Code                 |                             | M  |  | D             |
|   |  |  | <b>OH</b>  |  |                          |                             |  |  | 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 **\$999.00**