

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Democratic Lawyers Club PAC					
Full Name of Contributor Walter Gerhardtstein, Jr. LPA			Registration Number, if PAC		
Street Address 7100 N. High St Ste 307	Employer/Occupation/Labor Organization*		M 1	D 0	Y 4
City Worthington	State OH	Zip Code 43085	Amount 100.00		
Form (Cash, Check, etc.) Check					
Full Name of Contributor Linda Leah Reibel			Registration Number, if PAC		
Street Address 39 Orchard Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 4
City Worthington	State OH	Zip Code 43085	Amount 75.00		
Form (Cash, Check, etc.) Check					
Full Name of Contributor John P. Johnson Law Office, LLC			Registration Number, if PAC		
Street Address 501 S. High St.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 4
City Columbus	State OH	Zip Code 43215	Amount 100.00		
Form (Cash, Check, etc.) Check					
Full Name of Contributor Cleve M. Johnson			Registration Number, if PAC		
Street Address 495 S. High St. Suite 400	Employer/Occupation/Labor Organization*		M 1	D 0	Y 4
City Columbus	State OH	Zip Code 43215	Amount 150.00		
Form (Cash, Check, etc.) Check					
Full Name of Contributor Ted Burrows			Registration Number, if PAC		
Street Address 4834 Sarsot Dr.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 4
City Hilliard	State OH	Zip Code 43026	Amount 100.00		
Form (Cash, Check, etc.) Check					
Full Name of Contributor John M. Stephens			Registration Number, if PAC		
Street Address 1108 Boyl Dr	Employer/Occupation/Labor Organization*		M 1	D 0	Y 4
City Worthington	State OH	Zip Code 43085	Amount 75.00		
Form (Cash, Check, etc.) Check					
Full Name of Contributor Kimberly Cocroft			Registration Number, if PAC		
Street Address 988 Wellington Blvd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 4
City Columbus	State OH	Zip Code 43219	Amount 75.00		
Form (Cash, Check, etc.) Check					

* 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)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event.

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Page Total \$ **675.00**