

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 Christopher M. Brown						Registration Number, if PAC			
Street Address 2871 Northwest Blvd.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43221		M 0	D 1	Y 2	Amount \$50.00	
Full Name of Contributor Laurel Beatty						Registration Number, if PAC			
Street Address 369 S. High St.			Employer/Occupation/Labor Organization* Judge				Form (Cash, Check, etc.) Check		
City Columbus		State OH	Zip Code 43215		M 0	D 2	Y 0	Amount \$50.00	
Full Name of Contributor James D. Abrams						Registration Number, if PAC			
Street Address 7643 Goodrich Square, S.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
City New Albany		State OH	Zip Code 43054		M 0	D 2	Y 1	Amount \$50.00	
Full Name of Contributor Thomas C. Tootle						Registration Number, if PAC			
Street Address 5971 Hildenboro Dr.			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
City Dublin		State OH	Zip Code 43017		M 0	D 2	Y 1	Amount \$50.00	
Full Name of Contributor L. Leah Reibel						Registration Number, if PAC			
Street Address 7100 North High Street, Suite 307			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) Check		
City Worthington		State OH	Zip Code 43085		M 0	D 3	Y 1	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	
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 **\$250.00**