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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Franklin County Young Democrats	Political Action C	ommittee			
Full Name of Contributor			Registration Number, if	Registration Number, if PAC	
Derek Clinger					
Street Address	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.)	
702 Neil ave	Law Student			Check	
City Columbus	State OH	Zip Code 43215	0 5 0 8 1 4	Amount \$20.00	
Full Name of Contributor		•• ••	Registration Number, if	PAC	
Corey Trusso					
Street Address		Employer/Occupation Labor Organization		Form (Cash, Check, etc.)	
137 E Livingston Ave	Nationwide Financial			Check	
City Columbus	State OH	Zip Code 43215	0 5 0 9 1 4	Amount \$20.00	
Full Name of Commbutor Priscilla Roberge			Registration Number, if	Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization			Form (Cash. Check, etc.)	
372 Cumberland Drive	Franklin County Democratic Party -		Office Administrator Check		
City Columbus	State OH	Zip Code 43213	M D Y 1 4	Amount \$20.00	
Full Name of Contributor Rebecca Faber Jacobs	<u>'</u> :	_ •	Registration Number, if	PAC	
Street Address	Employer/Occu	pation/Labor Organization		Form (Cash, Check, etc.)	
121 E. 14th Ave., Apartment A				Check	
City Columbus	Stake OH	Zip Code 43201	0 6 1 0 1 4	Amount \$20.00	
Full Name of Contributor Caroline Elbert			Registration Number, if I	PAC	
Street Address	Employer/Occu	pation Labor Organization		Form (Cash, Check, etc.)	
77 W. Como Ave		•		Check	
City Columbus	Stajte OH	Zip Code 43202	0 6 1 0 1 4	Amount \$20.00	
Full Name of Contributor		ļ	Registration Number, if	PAC	
Lisa M. Lagos					
Street Address 1475 Cliff Court, Apartment C	Employer/Occupation/Labor Organization			Form (Cash, Check, etc.) Check	
City	State	Zip Code	M D Y	Amount	
Columbus	OH	43204	061214	\$20.00	
Full Name of Contributor Brandon Edwards		•	Registration Number, if I	Registration Number, if PAC	
Street Address	Employer/Occur	Employer/Occupation/Labor Organization		Form (Cash, Check, etc.)	
5685 Medallion Dr. W		Ohio - Campaign Manage	: r	Check	
Ciry Westerville	Staire OH	Zip Code 43082	M D V	Amount \$20.00	
Full Name of Contributor Alyson J. Rowse	<u></u>	<u>,, , , , , , , , , , , , , , , , , , ,</u>	Registration Number, if l	PAC	
Street Address	I E-play-10on	# st Oninetion*	<u> </u>	Form (Cash, Check, etc.)	
82 1/2 North Court St	Employer/Occupation/Labor Organization Student			Check	
City Athens	State OH	Zip Code 45701	0 6 1 2 1 4	Amount \$20.00	

Page Total \$160.00

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)]