

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					
Full Name of Contributor Christopher Brown				Registration Number, if PAC	
Street Address 968 Euclaire Avenue		Employer/Occupation/Labor Organization*		M 0	D 7
City Bexley		State OH	Zip Code 43209	Y 2	Amount \$5.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Carl Aveni				Registration Number, if PAC	
Street Address 4091 Glenmont Place		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43214	Y 2	Amount \$10.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Leah Reibel				Registration Number, if PAC	
Street Address 390 Orchard Drive		Employer/Occupation/Labor Organization*		M 0	D 7
City Worthington		State OH	Zip Code 43085	Y 2	Amount \$5.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Janet Grubb				Registration Number, if PAC	
Street Address 5277 Infinity Court		Employer/Occupation/Labor Organization*		M 0	D 7
City Grove City		State OH	Zip Code 43123	Y 2	Amount \$5.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Julia Leveridge				Registration Number, if PAC	
Street Address 3160 Fisher Place		Employer/Occupation/Labor Organization*		M 0	D 7
City Columbus		State OH	Zip Code 43221	Y 2	Amount \$5.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Rich Brown				Registration Number, if PAC	
Street Address 7559 Bruns Court		Employer/Occupation/Labor Organization*		M 0	D 7
City Canal Winchester		State OH	Zip Code 43110	Y 2	Amount \$5.00
Form (Cash, Check, etc.) cash					
Full Name of Contributor Thomas I. Blackburn				Registration Number, if PAC	
Street Address 888 Chelsea Lane		Employer/Occupation/Labor Organization*		M 0	D 7
City Westerville		State OH	Zip Code 43081	Y 2	Amount \$5.00
Form (Cash, Check, etc.) cash					

* 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

\$101.00

Total expenditures this event.

\$0.00

Page Total \$ **\$40.00**