

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 Jeffrey D. Mackey				Registration Number, if PAC	
Street Address 1538 Melrose Avenue		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$60.00
City Columbus		State OH	Zip Code 43224	Form (Cash, Check, etc.) Check	
Full Name of Contributor Eileen Paley				Registration Number, if PAC	
Street Address 668 Bellamy Pl		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$100.00
City Columbus		State OH	Zip Code 43213	Form (Cash, Check, etc.) Check	
Full Name of Contributor Committee to Elect James W. Brown				Registration Number, if PAC	
Street Address P.O. Box 21753		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$100.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Check	
Full Name of Contributor John P. Johnson Law Office LLC				Registration Number, if PAC	
Street Address 501 S. High Street		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$100.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	
Full Name of Contributor Julia Leveridge				Registration Number, if PAC	
Street Address 3160 Fisher Pl.		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$60.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Richard Frye				Registration Number, if PAC	
Street Address 1669 Roxbury Road		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$20.00
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) Cash	
Full Name of Contributor Citizens for Julia L. Dorrian				Registration Number, if PAC	
Street Address 191 W. Nationwide Blvd		Employer/Occupation/Labor Organization*		M D Y 0 5 2 6 1 6	Amount \$250.00
City Columbus		State OH	Zip Code 43215	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

\$1,315.00

Total expenditures this event.

\$230.82

Page Total \$ **\$690.00**