

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 John H. Bates			Registration Number, if PAC	
Street Address 495 S. High Street Suite 400	Employer/Occupation/Labor Organization*	M 1	D 0	Y 4
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	Amount 75.00
Full Name of Contributor Plymale & Dingus, LLC			Registration Number, if PAC	
Street Address 111 West Rich St., Suite 600	Employer/Occupation/Labor Organization*	M 1	D 0	Y 4
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	Amount 75.00
Full Name of Contributor Joe Sulhy			Registration Number, if PAC	
Street Address 844 South Front St.	Employer/Occupation/Labor Organization*	M 1	D 0	Y 4
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) Check	Amount 75.00
Full Name of Contributor Richenne Zymkosti			Registration Number, if PAC	
Street Address 2128 Poplar St.	Employer/Occupation/Labor Organization*	M 1	D 0	Y 4
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) Check	Amount 50.00
Full Name of Contributor Umberto DeBeneditto			Registration Number, if PAC	
Street Address 2176 Victoria Park Dr.	Employer/Occupation/Labor Organization*	M 1	D 0	Y 4
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) Check	Amount 75.00
Full Name of Contributor Bill R. Hedrick, Esq.			Registration Number, if PAC	
Street Address 535 West First Ave	Employer/Occupation/Labor Organization*	M 1	D 0	Y 4
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) Check	Amount 75.00
Full Name of Contributor Michael King Fultz			Registration Number, if PAC	
Street Address 452 S. Otterbein Ave	Employer/Occupation/Labor Organization*	M 1	D 0	Y 4
City Westerville	State OH	Zip Code 43081	Form (Cash, Check, etc.) Check	Amount 75.00

* 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)]

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 \$ **500.00**