## Event Date 10 4 2011 Page 5

## **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 Democrati	e Lanen	es Club Pt	76
Full Name of Contributor			Registration Number, if PAC
Low office of Thomas Toothe Co	. LPA		
Street Address		tion/Labor Organization*	M D Y Amount
85 East Gay St. Suite 900	' ' '	١	100411100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	BH	43215	Check.
Full Name of Contributor		1	Registration Number, if PAC
TI. R. ba Law Gray			
The Baker Law Group	Employer/Occupa	tion/Labor Organization*	M D Y Amount
50 W. Broad St. Swite 1814	Z.mp.oyen.osospii		10041/ 75.00
City	Sta te	Zip Code	/ 0 0 4 / / 75.00
Columbus	BH	43215	check
Full Name of Contributor	1011	<u>  P                                   </u>	Registration Number, if PAC
			11.5
Ebna Law Offices	TE 1 70		M D Y Amount
3455 Ecst Broad St	Employer/Occupa	tion/Labor Organization*	
		l Zin Cod	/ 0 0 4 1/ 75.00
Columbus	State  AH	Zip Code	
***	211	43213	Chock Registration Number, if PAC
Full Name of Contributor			Registration Number, it PAC
Mark Serrott Street Address	<del> </del>		
	Employer/Occupa	tion/Labor Örganization*	M D Y Amount 80.00
789(A) Nationwide Blrs			10041180.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	OH	43,212	Cash
Full Name of Contributor	-		Registration Number, if PAC
Lerry Richl			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
500 S. Front			10 = 4 11 100.00
	Sta te	Zip Code	Form (Cash, Check, etc.)
Columbus	DH	43215	Cish
Full Name of Contributor	<u> </u>		Registration Number, if PAC
Ken Blumenthal			
Street Address	Employer/Occupation/Labor Organization*		M D Y Amount
495 S. High Street Suite 450	' ' '		100411100.00
City	Sta te	Zip Code	Form (Cash, Check, etc.)
C. Jumbine	OH	43215	Cash
Full Name of Contributor		• • • •	Registration Number, if PAC
Mit. Allhaite in			
Full Name of Contributor  Mike Allbritain  Street Address  375 S. High St 7th Floor  City C	Employer/Occup	ation/Labor Organization*	M D Y Amount
275 5 11: 1 St 7# Fl.	Employer/Occup	alloid Capor Organization	10041140.00
City C	Sta te	Zip Code	Form (Cash, Check, etc.)
Colubus	BH	43215	Cest
* Required for contributions from individuals over \$100 to statewing			
* Required for contributions from individuals over \$100 to statewing the individual's business, if any, rather than employer should be lis	ue and General As ited. If two or more	e employees contribute via na	vroll deduction and exceed the aggregate of \$100, the
labor organization of which the employees are members, if any, m	ust also appear. [R	LC. 3517.10(B)(4)]	,
Fill in the boxes below only on the last page for this event.	1 5 8 22 2	Carallanta and a Carallanta	one from form No. 21 E" and list the date of the quant
Transfer the Total contributions for this event to form No. 31-A. Un	der Full Name of	Contributor state "Contribution	DIS THORETONIA INC. 31-E. AND TISE THE GATE OF THE EVENT
in the date column			
Total contributions this event		Total expenditures this	event.
		<del></del>	<u> </u>
			570.00
			570.00 Page Total \$ 250.00
			1 Tage Ibidi p