

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					Registration Number, if PAC
Law office of Thomas Tottle Co. LPA					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
85 East Gay St. Suite 900			1	0	4
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Columbus	OH	43215	Check		100.00
Full Name of Contributor					Registration Number, if PAC
The Baker Law Group					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
50 W. Broad St. Suite 1814			1	0	4
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Columbus	OH	43215	check		75.00
Full Name of Contributor					Registration Number, if PAC
Ebner Law Offices					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
3455 East Broad St			1	0	4
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Columbus	OH	43213	check		75.00
Full Name of Contributor					Registration Number, if PAC
Mark Serrott					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
789(A) Nationwide Blvd			1	0	4
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Columbus	OH	43212	Cash		80.00
Full Name of Contributor					Registration Number, if PAC
Lerry Richl					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
500 S. Front			1	0	4
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Columbus	OH	43215	Cash		100.00
Full Name of Contributor					Registration Number, if PAC
Ken Blumenthal					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
495 S. High Street Suite 450			1	0	4
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Columbus	OH	43215	Cash		100.00
Full Name of Contributor					Registration Number, if PAC
Mike Allbritain					
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
375 S. High St 7th Floor			1	0	4
City	State	Zip Code	Form (Cash, Check, etc.)		Amount
Columbus	OH	43215	Cash		40.00

* 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

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Total expenditures this event.

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570.00
Page Total \$ 250.00