

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED
09 JUL 30 PM 2:55

| | | | | | | | | | | | | |
|---|--------------------------|--|--------------------------|------------------|--------------------------|---|--------------------------|---------------------------|-------------------------------------|--------------------|--|--|
| Full Name of Committee Franklin County Democratic Lawyers Club Political Action Committee | | | | | | Registration Number if PAC OH1164 | | COUNTY FRANKLIN | | ELECTIONS | | |
| Full Name of Candidate | | | | | | | | | | | | |
| Street Address 54 W. 3rd Avenue | | | | | | Office Sought | | | District | | | |
| City Columbus | | | | | | State OH | | Zip Code 43201 | | | | |
| Type of Report (place X to the left of report type) | <input type="checkbox"/> | Pre-Primary | <input type="checkbox"/> | Post-Primary | <input type="checkbox"/> | Pre-General | <input type="checkbox"/> | Post-General | <input type="checkbox"/> | Annual Year | | |
| | <input type="checkbox"/> | July Monthly | <input type="checkbox"/> | August Monthly | <input type="checkbox"/> | September Monthly | <input type="checkbox"/> | Termination | <input checked="" type="checkbox"/> | Semiannual 2009 | | |
| Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | Date of Election | | | M | D | Y | | | |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

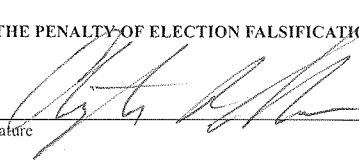
| | | |
|---|----|------------|
| 1. Amount brought forward from last report | \$ | \$979.57 |
| 2. Total monetary contributions (From Form No. 31-A) | \$ | \$50.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ | . |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ | \$1,029.57 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ | \$0.00 |
| 6. Balance on hand (line 4 minus line 5) | \$ | \$1,029.57 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ | . |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | \$ | . |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ | . |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ | . |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ | . |
| 12. Value of independent expenditures made (From Form No. 31-U) | \$ | . |
| 13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period. | \$ | . |

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Christopher Shea, Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature



07/30/2009

Date

Contribution pages 1

Expenditure pages _____

Other pages _____

Total pages 1

Statement of Contributions Received

Prescribed by Secretary of State 03/05

| | | | | | | |
|--|--|--------------------|--|---------------|--|----------------|
| Name of Committee in Full Franklin County Democratic Lawyers Club Political Action Committee | | | | | | |
| Full Name of Contributor Andrew W. Cecil | | | | | Registration Number, if PAC OH1164 | |
| Street Address 495 South High Street, Suite 400 | | | Employer/Occupation/Labor Organization* Attorney | | Form (Cash, Check, etc.) Check | |
| City Columbus | | State OH | Zip Code 43215 | M 0 | D 6 | Y 09 |
| | | | | | Amount \$50.00 | |
| Full Name of Contributor | | | | | | |
| Street Address | | | | | Employer/Occupation/Labor Organization* | |
| City | | State | Zip Code | M | D | Y |
| | | | | | Amount | |
| Full Name of Contributor | | | | | | |
| Street Address | | | | | Employer/Occupation/Labor Organization* | |
| City | | State | Zip Code | M | D | Y |
| | | | | | Amount | |
| Full Name of Contributor | | | | | | |
| Street Address | | | | | Employer/Occupation/Labor Organization* | |
| City | | State | Zip Code | M | D | Y |
| | | | | | Amount | |
| Full Name of Contributor | | | | | | |
| Street Address | | | | | Employer/Occupation/Labor Organization* | |
| City | | State | Zip Code | M | D | Y |
| | | | | | Amount | |
| Full Name of Contributor | | | | | | |
| Street Address | | | | | Employer/Occupation/Labor Organization* | |
| City | | State | Zip Code | M | D | Y |
| | | | | | Amount | |
| Full Name of Contributor | | | | | | |
| Street Address | | | | | Employer/Occupation/Labor Organization* | |
| City | | State | Zip Code | M | D | Y |
| | | | | | Amount | |
| Full Name of Contributor | | | | | | |
| Street Address | | | | | Employer/Occupation/Labor Organization* | |
| City | | State | Zip Code | M | D | Y |
| | | | | | Amount | |
| Full Name of Contributor | | | | | | |
| Street Address | | | | | Employer/Occupation/Labor Organization* | |
| City | | State | Zip Code | M | D | Y |
| | | | | | Amount | |

* 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)]