

Statement of Contributions Received

Form 31-A

ORC 3517.10

Full Name of Committee FRANKLIN COUNTY DEMOCRATIC LAWYERS CLUB PAC				
Full Name of Contributor KRISTIN BOGGS			Registration Number, if PAC	
Street Address 545 E TOWN ST.	Employer/Occupation/Labor Organization* State Rep. - state of OHIO		Form (Cash, Check, etc.) ACT BLUE	
City Columbus	State OH <input checked="" type="checkbox"/>	Zip Code 43215	Date (MM/DD/YYYY) 06/27/2019	Amount 50
Full Name of Contributor REGINA GRIFFIN			Registration Number, if PAC	
Street Address 7053 CHARLESWAY DR	Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) ACT BLUE	
City WORTHINGTON	State OH <input checked="" type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 06/27/2019	Amount 50
Full Name of Contributor LEAH REIBEL			Registration Number, if PAC	
Street Address 7100 N. HIGH # 307	Employer/Occupation/Labor Organization* Attorney		Form (Cash, Check, etc.) ACT BLUE	
City WORTHINGTON	State OH <input checked="" type="checkbox"/>	Zip Code 43085	Date (MM/DD/YYYY) 06/28/2019	Amount 100
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input checked="" type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	Amount
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		Form (Cash, Check, etc.)	
City	State <input checked="" type="checkbox"/>	Zip Code	Date (MM/DD/YYYY)	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)]