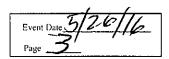
31-E R.C. 3517,10(B)

Statement of Contributions Received at a Social or Fund-Raising Event



Page Total \$ 1,150

Prescribed by Secretary of State 0.5/03			
Name of Committee in Full SENDOTI FOR JUDGE			
Full Name of Contributor 0006 KN15184	,	Registration Number, if P	AC
Street Address IIII DUBLIN Rd Employer/Occupation/1	awor Organization	052616	Amount /50 -
Cals, Sut 15	P Code 432-15	Form (Cash Check, etc.)	2. m
Full Name of Contributor AL Mokhtari		Registration Number, if P	AC
Street Address 145 N. 14 igh & Employer/Occupation	abor Organization*	052616	Anjount —
City Cals Sign Zi	43215	Form (Cash Check, etc.)	age of the high of
Full Name of Contributor BILL LAMKIN		Registration Number, if P	AC
Street Address Employer/Occupation/I	abor Organization*	052616	Amount / SO -
	43215	Form (Cash, Meck, etc.)	The state of the s
Full Name of Contributor John BATES		Registration Number, if P	AC
Street Address 495 5, High Employer/Occupation/L	abor Organization*	0526/6	Amount
Cols State Zi	43215	Form (Cash, Cleck etc.)	
Full Name of Contributor Registration Number, if PAC			AC
Street Address 336 5, High Employer/Occupation/I	.abo/Organization*	052616	Amount
Coty Coty State Zi	4-32/J	Form (Cash Check etc.)	The state of the s
Full Name of Contributor JUSTIN FOX 8		Registration Number, if P.	AC .
Street Address 5 & LONG H Employer/Occupation/1	Attus	052616	Amount
City Col5 State Zi	4-3215	Form (Cash, Check etc.)	The second second
Full Name of Contributor Abe Battoat		Registration Number, if P.	AC
Street Address 338 5. 1+141 Employer/Occupation/1	abor Organization*	052616	Amount /50
Cols OH	+3215	Form (Cash, Check, etc.)	
* 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.		