

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>SENATOR FOR JUDGE</u>				
Full Name of Contributor <u>DOUG KNISLEY</u>			Registration Number, if PAC	
Street Address <u>1111 DUBLIN Rd</u>	Employer/Occupation/Labor Organization* <u>Attmy</u>	M <u>05</u>	D <u>26</u>	Y <u>16</u>
City <u>Colo.</u>	State <u>OH</u>	Zip Code <u>43215</u>	Amount <u>150-</u>	
Form (Cash, Check, etc.) <u>(C)</u>				
Full Name of Contributor <u>AL Mokhtar</u>			Registration Number, if PAC	
Street Address <u>145 N. High St</u>	Employer/Occupation/Labor Organization* <u>Attmy</u>	M <u>05</u>	D <u>26</u>	Y <u>16</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43215</u>	Amount <u>250-</u>	
Form (Cash, Check, etc.) <u>(C)</u>				
Full Name of Contributor <u>BILL LAMKIN</u>			Registration Number, if PAC	
Street Address <u>500 S Front</u>	Employer/Occupation/Labor Organization* <u>Attmy</u>	M <u>05</u>	D <u>26</u>	Y <u>16</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43215</u>	Amount <u>150-</u>	
Form (Cash, Check, etc.) <u>(C)</u>				
Full Name of Contributor <u>JOHN BATES</u>			Registration Number, if PAC	
Street Address <u>495 S. High</u>	Employer/Occupation/Labor Organization* <u>Attmy</u>	M <u>05</u>	D <u>26</u>	Y <u>16</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43215</u>	Amount <u>150-</u>	
Form (Cash, Check, etc.) <u>(C)</u>				
Full Name of Contributor <u>Rebecca booch</u>			Registration Number, if PAC	
Street Address <u>336 S. High</u>	Employer/Occupation/Labor Organization* <u>Attmy</u>	M <u>05</u>	D <u>26</u>	Y <u>16</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43215</u>	Amount <u>150-</u>	
Form (Cash, Check, etc.) <u>(C)</u>				
Full Name of Contributor <u>JUSTIN FOX</u>			Registration Number, if PAC	
Street Address <u>5 E LONG ST</u>	Employer/Occupation/Labor Organization* <u>Attmy</u>	M <u>05</u>	D <u>26</u>	Y <u>16</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43215</u>	Amount <u>150-</u>	
Form (Cash, Check, etc.) <u>(C)</u>				
Full Name of Contributor <u>Abe BATTIST</u>			Registration Number, if PAC	
Street Address <u>338 S. High</u>	Employer/Occupation/Labor Organization* <u>Attmy</u>	M <u>05</u>	D <u>26</u>	Y <u>16</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43215</u>	Amount <u>150-</u>	
Form (Cash, Check, etc.) <u>(C)</u>				

* 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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Page Total \$

1,150-