

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

Prescribed by Secretary of State 03/05

Name of Committee in Full JERROTT FOR JUDGE				
Full Name of Contributor DAVID HEINLEIN			Registration Number, if PAC	
Street Address 1504 Essex	Employer/Occupation/Labor Organization* Army		M 05	D 26
City Colis	State 0	Zip Code 43221	Y 16	Amount 150
Form (Cash, Check, etc.)				
Full Name of Contributor CAALG SCOTT			Registration Number, if PAC	
Street Address 194 BARANOF	Employer/Occupation/Labor Organization* Army		M 05	D 26
City WEST	State OH	Zip Code 43081	Y 16	Amount 250
Form (Cash, Check, etc.)				
Full Name of Contributor TOM GJOSTEIN			Registration Number, if PAC	
Street Address 6720 HAYHURST ST	Employer/Occupation/Labor Organization* Army		M 05	D 26
City NORTH	State OH	Zip Code 43085	Y 16	Amount 300
Form (Cash, Check, etc.)				
Full Name of Contributor JEFF BASNETT			Registration Number, if PAC	
Street Address P.O. Box 83261	Employer/Occupation/Labor Organization* Army		M 05	D 26
City Colis	State 0	Zip Code 43203	Y 16	Amount 300
Form (Cash, Check, etc.)				
Full Name of Contributor KAY GRAF			Registration Number, if PAC	
Street Address 5701 DUBUIN RD	Employer/Occupation/Labor Organization* Retired		M 05	D 26
City Delaware,	State OH	Zip Code 43015	Y 16	Amount 100
Form (Cash, Check, etc.)				
Full Name of Contributor KAREN DICK			Registration Number, if PAC	
Street Address 2001 CARDIGAN	Employer/Occupation/Labor Organization* Retired		M 05	D 26
City Colis	State 0	Zip Code 43212	Y 16	Amount 100
Form (Cash, Check, etc.)				
Full Name of Contributor ROBERT HILL			Registration Number, if PAC	
Street Address 5297 EDWARDS	Employer/Occupation/Labor Organization* Army		M 05	D 26
City Colis Plantation	State 0	Zip Code 43221	Y 16	Amount 100
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

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Total expenditures this event.

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Page Total \$ **1300**