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

N 20	Prescribed by S	Secretary of State 03/05	9
Name of Committee in Full	. 5		1 0
Committee for Christier	5 \$1	own for	Judge
Michael Sergakis	• •		Registration Number, if PAC
4942 Reed Rd.	Employer/O	ccupation/Labor Organization	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Columbus	Sta to	Zip Code	Form (Cash, Chock) etc.)
William Ireland	<u> </u>	13220	Registration Number, if PAC
Street Address	E-rales 10		
85 Liberty Street	Employer/Oe	cupation/Labor Organization*	0226/5 100.00
Columbus	OH State	Zip Code 43215	Form (Cash, Micch Lic.)
John Johnson Law Offi	ice LLC	7	Registration Number, if PAC
Street Address		upation/Labor Organization*	M N M
301 S. High St.	Sta te	<u> </u>	02 26/5 /00.00
Columbus Full Name of Contributor	ÖH	Zip Code 43215-3	Form (Cash Check, etc.)
Jermaine Colquit	+ Ans	mey at Lan	Registration Number, if PAC
Street Address	EmployedOcci	petion/Lebor Organization	M D Y Amoust
1203 Silverbrook Dr	,	-periore cason Organization	Amoust 50.00
Columbus	Sta te	Zip Code	Form (Cash, Check etc.)
Full Name of Contributor		143207.7	Registration Number, if PAC
heel Address			
	Employer/Occup	pation/Labor Organization*	M D Y Amount
ity	Sta te	Zip Code	Form (Cash, Check, etc.)
ull Name of Contributor			Registration Number, if PAC
reet Address			
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ty	Sta te	Zip Code	Form (Cash, Check, etc.)
ill Name of Contributor			Registration Number, if PAC
eet Address	I		
	Employer/Occupa	tion/Labor Organization*	M D Y Amount
y	Sta to	Zip Codo	Form (Cash, Check, etc.)
equired for contributions from individuals over \$100 to statewide	and General Ass	embly candidates If incate:	historia call amplement the
s individual's business, if any, rather than employer should be liste for organization of which the employees are members, if any must	d. If two or more	employees contribute via p	outer is self-employed, ine occupation and the name of syroll deduction and exceed the appropriate of \$100 the
or organization of which the employees are members, if any, mus	t also appear. [R.	C. 3517.10(B)(4)}	was appropriate or 5,00, the
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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

Total	contributions	Aller
LUtai	contributions	inis eveni

Total expenditures this event.