

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full White for Judge Committee					
Full Name of Contributor Jeff Coleman			Registration Number, if PAC		
Street Address 1168 Meadow Cove Place	Employer/Occupation/Labor Organization*		M	D	Y
City Gahanna	State O	Zip Code 43230	0	5	0
			9	0	6
			Amount 50.00		
Form(Cash, Check, etc) cash					
Full Name of Contributor Scott Dawson					
Street Address 5871 Cleveland Ave			Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43231	0	5	0
			5	0	6
			Amount 50.00		
Form(Cash, Check, etc) check					
Full Name of Contributor William R. Alsnauer					
Street Address 2500 W. Dublin-Granville Rd.			Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus	State O	Zip Code 43235	0	5	0
			4	0	6
			Amount 50.00		
Form(Cash, Check, etc) check					
Full Name of Contributor Thomas K Murray					
Street Address 3050 Delta Marien Dr.			Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Reynoldsburg	State O	Zip Code 43068	0	5	0
			1	0	6
			Amount 25.00		
Form(Cash, Check, etc) check					
Full Name of Contributor Charles L Layne					
Street Address 4498 Cemetery Rd			Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Hilliard	State O	Zip Code 43026	0	5	0
			1	0	6
			Amount 50.00		
Form(Cash, Check, etc) check					
Full Name of Contributor Linda L Nervis					
Street Address 6160 Park Ridge Drive			Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Dayton	State O	Zip Code 45459	0	4	2
			9	0	6
			Amount 25.00		
Form(Cash, Check, etc) check					
Full Name of Contributor Mike Carr					
Street Address 3 S. High St.			Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount
City New Albany	State O	Zip Code 43054	0	4	2
			9	0	6
			Amount 100.00		
Form(Cash, Check, etc) check					

* 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 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

Page Total \$ 350.00