

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

Prescribed by Secretary of State 03/05

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|---|---|--------------------------|-----------------------------|-------------------------------------|
| Name of Committee in Full <u>SEAROTT FOR JUDGE</u> | | | | |
| Full Name of Contributor <u>GARY HAMMOND</u> | | | Registration Number, if PAC | |
| Street Address <u>556 E. TOWN ST</u> | Employer/Occupation/Labor Organization* <u>ATTORNEY</u> | | M <u>1</u> | D <u>2</u> |
| City <u>COLS</u> | State <u>OH</u> | Zip Code <u>43215</u> | Y <u>3</u> | Amount <u>\$200⁰⁰</u> |
| Form (Cash, Check, etc.) <u>C</u> | | | | |
| Full Name of Contributor <u>JASON Blum</u> | | | Registration Number, if PAC | |
| Street Address <u>52 W. Whittier</u> | Employer/Occupation/Labor Organization* <u>ATTORNEY</u> | | M <u>1</u> | D <u>2</u> |
| City <u>COLS</u> | State <u>OH</u> | Zip Code <u>43215</u> | Y <u>3</u> | Amount <u>\$150⁰⁰</u> |
| Form (Cash, Check, etc.) <u>C</u> | | | | |
| Full Name of Contributor <u>RICK TOPPER</u> | | | Registration Number, if PAC | |
| Street Address <u>5132 Olentangy Blvd</u> | Employer/Occupation/Labor Organization* <u>ATTORNEY</u> | | M <u>1</u> | D <u>2</u> |
| City <u>COLS</u> | State <u>OH</u> | Zip Code <u>43235</u> | Y <u>3</u> | Amount <u>\$100⁰⁰</u> |
| Form (Cash, Check, etc.) <u>C</u> | | | | |
| Full Name of Contributor <u>Dennis McNamara</u> | | | Registration Number, if PAC | |
| Street Address <u>88 E. Broad St</u> | Employer/Occupation/Labor Organization* <u>ATTORNEY</u> | | M <u>1</u> | D <u>2</u> |
| City <u>COLS</u> | State <u>OH</u> | Zip Code <u>43215</u> | Y <u>3</u> | Amount <u>\$150⁰⁰</u> |
| Form (Cash, Check, etc.) <u>C</u> | | | | |
| Full Name of Contributor <u>PATRICIA Conley / CRABBE BROWN</u> | | | Registration Number, if PAC | |
| Street Address <u>500 FRONT ST</u> | Employer/Occupation/Labor Organization* <u>ATTORNEYS</u> | | M <u>1</u> | D <u>2</u> |
| City <u>COLS</u> | State <u>OH</u> | Zip Code <u>43215</u> | Y <u>3</u> | Amount <u>\$500⁰⁰</u> |
| Form (Cash, Check, etc.) <u>C</u> | | | | |
| Full Name of Contributor <u>TONY LACKO POWED WALLS LLC</u> | | | Registration Number, if PAC | |
| Street Address <u>1023 STIMMEI</u> | Employer/Occupation/Labor Organization* <u>CONCRETE BUSINESS OWNER</u> | | M <u>1</u> | D <u>2</u> |
| City <u>COLS</u> | State <u>OH</u> | Zip Code <u>43223</u> | Y <u>3</u> | Amount <u>\$500⁰⁰</u> |
| Form (Cash, Check, etc.) <u>C</u> | | | | |
| Full Name of Contributor <u>KIM BROWN</u> | | | Registration Number, if PAC | |
| Street Address <u>106 N. High St</u> | Employer/Occupation/Labor Organization* <u>JUDGE</u> | | M <u>1</u> | D <u>2</u> |
| City <u>COLS</u> | State <u>OH</u> | Zip Code <u>43215</u> | Y <u>3</u> | Amount <u>\$200⁰⁰</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 \$ | <u>1,800⁰⁰</u> |
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