31-E R.C. 3517.10(B)

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

Event Date 3/3///6

Prescribed by Secretary of State 03/05

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Name of Committee in Full SELLOTT FOR JUDGE				
Full Name of Contributor JEffrey LEWIS			Registration Number, if P.	AC
Street Address 4474 Summit RIDGE	Employer/Occupation	on/Labor Organization*	033116	Amount D
Co 15.	Sta te OH	Zip Code 43220	Form (Cash, Check, etc.)	
BIAISE BAKER			Registration Number, if P.	AC
Street Address 600 5. Hi6H 5+.	Employer/Occupation/Labor Organization		033/16	300 <u>a</u>
City (D/5)	State OH	Zip Code 43715	Form (Cash Check etc.)	
Full Name of Contributor DAVID THOMAS		15240	Registration Number, if P.	AC
Street Address 3010 Shady NOOD Ld	Employer/Occupation	on/Labor Organization*	033/16	250
Cols,	Sta te	Zip Code 43221	Form (Cash, Check, e)c.)	
Full Name of Contributor JAMES CARPENTER	2	1	Registration Number, if P.	AC
Street Address 4540 Nelswander Sq.		on/Labor Organization*	033116	Amount D
City New Albany	State OH	Zip Code / 4 30.54	Form (Cash Check etc.)	
Full Name of Contributor JAMES LEVEKIY	 		Registration Number, if P	AC
Street Address 137 & Strate 14	Employer/Occupation	on/Labor Organization*	033/16	Amount 100 \$
Cols	State	2ip Code / 4321S	Form (Cash, Check etc.)	
Full Name of Contributor KATHRYN WALL SUBENSTEIN			Registration Number, if P	AC
Street Address 4700 KNICHTS BLIDE RU	Employer/Occupation	on/Labor Organization*	033116	Amount 50
Co/5	Sta te	Zip Code 43214	Form (Cash Check, Ac.)	
Full Name of Contributor STACEY HONAILEN			Registration Number, if P	AC
STACEY HONAKER Street Address 1719 ROCKY PINE LOSP	Employer/Occupation	en/Labor Organization*	033116	Amount /20 P
City CD/5	0 H	Zip Code 43229	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		Total expenditures this event.		