Event Date	8/11
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 of Committee in Full Serrott for Judge Committee ame of Contributor Melissa Fuhrmann Address Employer/Occupation/Labor Organization* State Zip Code Form(Cash,Check,etc) Check Amount O 8 1 1 1 0 75.00 Form(Cash,Check,etc) Check Amount O 8 1 1 1 0 75.00 Form(Cash,Check,etc) Check Amount O 8 1 1 1 0 75.00 Form(Cash,Check,etc) Check Amount O 8 1 1 1 0 75.00 Check Amount O 8 1 1 1 0 75.00 Check Amount O 8 1 1 1 0 75.00 Check Amount O 8 1 1 1 0 75.00 Check Columbus O H 43221 Check Check Amount Amount Amount Check Chec
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TO THE TOTAL CHECK BY SERVICE STATE OF THE SERVICE
for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the na business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, no 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 \$ 625.00

^{*} R indi