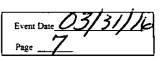
31-E R.C. 3517.10(B)

## **Statement of Contributions Received** at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05



Page Total S 1050

Name of Committee in Full		
SERROTT FOR	TUD68	
Full Name of Contributor Stephanie Thompso	$\sim$ ,	Registration Number, if PAC
Street Address 3136 CAYSTONE UNY	Employer/Occupation hor Organization	D3 3/16 Amount OD
City C0/3	State Zip Code  O 43221	Form (Cask, Check, etc.)
Full Name of Contributor  MEGAN GLANT		Registration Number, if PAC
Street Address 1118 LAKE Pl.	Employer/Occupation/Law Transization	038/16 100 K
City WESTERVILLE	Sta te / Zip Code 4 308 2	Form (Cash Check, etc.)
Full Name of Contributor SEAW Boy Je		Registration Number, if PAC
Street Address 336 S. High St	Employer/Occupation/Labor Organization*	033116 100 C
Cols (	DH 43215	Form (Castl, Check etc.)
Full Name of Contributor  Curry Roby Mulvey	LLC _	Registration Number, if PAC
Street Address 30 NONTHOODS Blue	Employer/Occupation/Later Organization	033116 500 B
City Col/5	State Zip Code 43235	Form (Cash neck, co.)
Full Name of Contributor	· · · · · · · · · · · · · · · · · · ·	Registration Number, if PAC
Full Name of Contributor  TOE MAS		registator rumor, i i i i
JUE MAS Street Address	Employer/Occupation/Layor Organization*	
Street Address	Atrina . a	
JUE MAS Street Address	Sta te   Zip Code -	033/16 100 W
Street Address  330 S. High St  City  City  Cols  Full Name of Contributor	State Zip Code 43215	M D Y Amount  033/16 100  Form (Cash, Check, etc.)
Street Address  Street Address  Street Address  Full Name of Contributor  LANNY  LEVINSON  Street Address  44 77 Ackerly Fanmi	State Zip Code 43215	Registration Number, if PAC  N D Y Amount  NO 3 3/ 16  Registration Number, if PAC  N D Y Amount  S O 3 3/ 16  Form (Cash Check etc.)
Street Address  Street Address  Street Address  Full Name of Contributor  LANNY  LEVINSON  Street Address  44 77 Ackerly Fanmi	State   Zip Code   43215   Employer/Occupation/Labor Organization* State   Zip Code	Registration Number, if PAC  M D Y Amount  // Amount
Street Address 330 S. High St  City Wass  Full Name of Contributor  LANNY LEVINSON  Street Address 4477 Ackerly Fanms  City  Man Albany  City  Man Albany	State   Zip Code   43215   Employer/Occupation/Labor Organization* State   Zip Code	Registration Number, if PAC  N D Y Amount  NO 3 3/ 16  Registration Number, if PAC  N D Y Amount  S O 3 3/ 16  Form (Cash Check etc.)
Street Address 330 S. High St  City Cols  Full Name of Contributor  LANNY LEVINSON  Street Address 4477 Ackerly FANMI  City Man Albany  Full Name of Contributor  Joseph Street	State Zip Code 43215  Employer/Occupation/Labor Organization*  State Zip Code 43054	Amount    Amount   Am
Street Address 330 S. High St  City Cols  Full Name of Contributor  LANNY LEVINSON  Street Address 4477 Ackerly Fanms  City Man Albany  Full Name of Contributor  Joseph Street  Street Address 736 Neil Ave	Employer/Occupation/Labor Organization*  Sta te Zip Code  H 3054  Employer/Occupation/Labor Organization*  Sta te Zip Code  H 3054  Employer/Occupation/Labor Organization*  Sta te Zip Code  Ge and General Assembly candidates. If contributor is ed. If two or more employees contribute via payroll	Registration Number, if PAC  Self-employed, the occupation and the name of
Street Address  330 S. High St  City  Cols  Full Name of Contributor  LANNY LEVINSON  Street Address  4477 Ackerly Fanms  City  Mame of Contributor  Joseph Street  Street Address  736 Neil Ave  City  Cols  * Required for contributions from individuals over \$100 to statewid the individual's business, if any, rather than employer should be list	Employer/Occupation/Labor Organization*  Sta te Zip Code  Typ Code  Employer/Occupation/Labor Organization*  Sta te Zip Code  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization/Labor Organization/Labor Organization/Labor Organization/Labor Organization/Labor Organization/Labor Organization/Labor Organization/Labor Organization/Labor O	Registration Number, if PAC  Amount  Form (Cash Check etc.)  Registration Number, if PAC  Self-employed, the occupation and the name of deduction and exceed the aggregate of \$100, the
Street Address  330 S. High St.  City  City  Cols  Full Name of Contributor  LANNY  LEVINSON  Street Address  4477 Ackerly Fanni  City  Man Albaux  Full Name of Contributor  Joseph Stree  Street Address  736 Neil Ave  City  Cols  * Required for contributions from individuals over \$100 to statewid the individual's business, if any, rather than employer should be list labor organization of which the employees are members, if any, multiplications from the last page for this event.  Transfer the Total contributions for this event to form No. 31-A. Unco	Employer/Occupation/Labor Organization*  Sta te Zip Code  Typ Code  Employer/Occupation/Labor Organization*  Sta te Zip Code  Employer/Occupation/Labor Organization*  Employer/Occupation/Labor Organization/Labor Organization/Labor Organization/Labor Organization/Labor Organization/Labor Organization/Labor Organization/Labor Organization/Labor Organization/Labor O	Registration Number, if PAC  Self-employed, the occupation and the name of deduction and exceed the aggregate of \$100, the omegan form No. 31-E <sup>-</sup> and list the date of the event