

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>SCOTT FOR JUDGE</u>				
Full Name of Contributor <u>Dennis Belli</u>			Registration Number, if PAC	
Street Address <u>270 Liberty St 10308</u>	Employer/Occupation/Labor Organization* <u>Attny</u>		M D Y <u>03 31 16</u>	Amount <u>100⁰⁰</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>GERALD SIMMONS</u>			Registration Number, if PAC	
Street Address <u>536 S. High St</u>	Employer/Occupation/Labor Organization* <u>Attny</u>		M D Y <u>03 31 16</u>	Amount <u>150⁰⁰</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>George LEACH</u>			Registration Number, if PAC	
Street Address <u>100 E. MAIN St.</u>	Employer/Occupation/Labor Organization* <u>Attny</u>		M D Y <u>03 31 16</u>	Amount <u>300⁰⁰</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.) <u>300⁰⁰</u>	
Full Name of Contributor <u>ANGIE BROWN</u>			Registration Number, if PAC	
Street Address <u>536 S. High St</u>	Employer/Occupation/Labor Organization* <u>Attny</u>		M D Y <u>03 31 16</u>	Amount <u>100⁰⁰</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>PAUL SCOTT CO LPA</u>			Registration Number, if PAC	
Street Address <u>536 S. HIGH ST</u>	Employer/Occupation/Labor Organization* <u>Attny DLB.</u>		M D Y <u>03 31 16</u>	Amount <u>600⁰⁰</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>BRIAN Joslyn</u>			Registration Number, if PAC	
Street Address <u>901 S. High St</u>	Employer/Occupation/Labor Organization* <u>Attny</u>		M D Y <u>03 31 16</u>	Amount <u>600⁰⁰</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43206</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>JO KAISER</u>			Registration Number, if PAC	
Street Address <u>389 LIBRARY PARK CT</u>	Employer/Occupation/Labor Organization* <u>Attny</u>		M D Y <u>03 31 16</u>	Amount <u>100⁰⁰</u>
City <u>Colo</u>	State <u>OH</u>	Zip Code <u>43215</u>	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

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Total expenditures this event.

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Page Total \$

1950⁰⁰