31-E R.C. 3517.10(B)

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

Event Date 3/3///6		
	Event Date	3/3///
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Page	Page	_

Prescribed by Secretary of State 0.3/03							
Name of Committee in Full Serrott FOA JUDGE							
JEFF BERNDT			Registratio	on Number, if PAC			
Street Address 575 S. HIGH ST	Employer/Occupation	on/Labor Organization* HMV	03	Amount 50 Amount			
Columbus	Sta te OH	Zip Code 4321		n, (neck, tc.)			
Full Name of Contributor  LARRY CRINER			Registratio	on Number, if PAC			
Street Address 6430 Evans Rd	1 ' ' . '	on/Labor Organization*  NUCTION	03	3 1 16 600°			
New Albany	O H	Zip Code 430.		n, Check etc.)			
Full Name of Contributor  Jeff BASNert			Registratio	on Number, if PAC			
Street Address 282 WOODLAND AVE	Employer/Occupation	on/Labor Organization*  A+A+VV	033	Amount 150 4			
Columbus	Sta te	Zip Code / 4320:	3   `	n, Meck etc.)			
MAKIK HUNT			Registratio	on Number, if PAC			
Street Address 20 S. HiGH St	Employer/Occupation	on/Labor Organization*	0 3	3116 100°D			
City Cols.	Sta te	Zip Code / 43206	Form (Cast	Check etc.)			
Phil Templeton			Registratio	on Number, if PAC			
Street Address 500 5. Front 5+	Employer/Occupation	on/Labor Organization*	033	3) 16 Amount 25			
Cols	Sta te OH	Zip Code / 432/5	Form (Cast	n. (fiech) etc.)			
Full Name of Contributor  John Johnson			Registratio	on Number, if PAC			
Street Address 501 3. H16H.St	1	on/Labor Organization*	03	Amount A			
Col 5	OH	Zip Code 43215		hereck, tc.)			
Full Name of Contributor  BRIAN RIGG  Street Address  720 5. High 5+.			Registratio	on Number, if PAC			
Street Address 720 S. High St.	A	on/Labor Organization*	03	3 1 16 100 -			
Co/s	Sta te	Zip Code 4321)	6 10	10 co			
• 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 No. 31-E" and list the date of the event in the date column							
Total contributions this event		Total expenditures	s this event.	·			
				Page Total S 1,125°			