

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Judge Amy Salerno							
Full Name of Contributor Blaise Baker				Registration Number, if PAC			
Street Address 600 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	100.00
City Columbus		State O	Zip Code 43215	Form (Cash, Check, etc) Check # 3334			
Full Name of Contributor Gregory N. Finnerty				Registration Number, if PAC			
Street Address 21 W. Broad St., Suite 500		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	50.00
City Columbus		State O	Zip Code 43215	Form (Cash, Check, etc) Check #1053			
Full Name of Contributor Gregory N. Finnerty				Registration Number, if PAC			
Street Address 21 W. Broad St., Suite 500		Employer/Occupation/Labor Organization*		M	D	Y	Amount
		Greg Finnerty Solutions		1	1	0	50.00
City Columbus		State O	Zip Code 43215	Form (Cash, Check, etc) Check # 1040			
Full Name of Contributor Charles William McGowan				Registration Number, if PAC			
Street Address 601 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	250.00
City Columbus		State O	Zip Code 43215	Form (Cash, Check, etc) Check # 1860			
Full Name of Contributor Jeremy Dodgion				Registration Number, if PAC			
Street Address 1188 S. High St.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	35.00
City Columbus		State O	Zip Code 43206	Form (Cash, Check, etc) Check #3243			
Full Name of Contributor Robert F. Krapenc				Registration Number, if PAC			
Street Address 601 S. High St., 1st Floor		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	300.00
City Columbus		State O	Zip Code 43215	Form (Cash, Check, etc) Check # 1089			
Full Name of Contributor Andrew Herf				Registration Number, if PAC			
Street Address 2706 Tremont Rd.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	1	0	100.00
City Columbus		State O	Zip Code 43221	Form (Cash, Check, etc) Cash			

* 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 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 \$ 885.00