

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>JERRON FOR JUDGE</u>				
Full Name of Contributor <u>INA Sully</u>			Registration Number, if PAC	
Street Address <u>844 S. Front St.</u>	Employer/Occupation/Labor Organization* <u>Army</u>		M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>100⁰⁰</u>
City <u>Colis</u>	State <u>OH</u>	Zip Code <u>43206</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>ABC BAHGAT</u>			Registration Number, if PAC	
Street Address <u>338 S. High St</u>	Employer/Occupation/Labor Organization* <u>Army</u>		M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>100⁰⁰</u>
City <u>Colis</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>Jeff LISTON</u>			Registration Number, if PAC	
Street Address <u>536 S. High St</u>	Employer/Occupation/Labor Organization* <u>Army</u>		M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>100⁰⁰</u>
City <u>Colis</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>MARK COLLINS</u>			Registration Number, if PAC	
Street Address <u>492 S. High St</u>	Employer/Occupation/Labor Organization* <u>Army</u>		M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>100⁰⁰</u>
City <u>Colis</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>BAILEY CAVALIERI LLC</u>			Registration Number, if PAC	
Street Address <u>10 W BRAD ST #2100</u>	Employer/Occupation/Labor Organization* <u>LAW FIRM</u>		M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>1000⁰⁰</u>
City <u>Colis</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>JOE NIGH</u>			Registration Number, if PAC	
Street Address <u>536 S High St</u>	Employer/Occupation/Labor Organization* <u>Army</u>		M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>100⁰⁰</u>
City <u>Colis</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)	
Full Name of Contributor <u>ROGER KOCK</u>			Registration Number, if PAC	
Street Address <u>6257 EMBURY RD</u>	Employer/Occupation/Labor Organization* <u>Army</u>		M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>100⁰⁰</u>
City <u>DUBLIN</u>	State <u>OH</u>	Zip Code <u>43017</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 \$

1,600⁰⁰