

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

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>JERROTT FOR JUDGE</u>			
Full Name of Contributor <u>BILL HEDRICK</u>		Registration Number, if PAC	
Street Address <u>535 W. 1st Ave</u>	Employer/Occupation/Labor Organization* <u>Army</u>	M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>50</u> <sup>00</sup>
City <u>Colis</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)
Full Name of Contributor <u>JACKIE KEMP</u>		Registration Number, if PAC	
Street Address <u>88 W. MOUND ST</u>	Employer/Occupation/Labor Organization* <u>Army</u>	M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>100</u> <sup>00</sup>
City <u>Colis</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)
Full Name of Contributor <u>LUFTMAN &amp; HECK DAN SABOL</u>		Registration Number, if PAC	
Street Address <u>580 E. Rich St.</u>	Employer/Occupation/Labor Organization* <u>Army</u>	M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>150</u> <sup>00</sup>
City <u>Colis</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)
Full Name of Contributor <u>MARCIA ZAND</u>		Registration Number, if PAC	
Street Address <u>100 E. Mithoff St</u>	Employer/Occupation/Labor Organization* <u>Army</u>	M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>100</u> <sup>00</sup>
City <u>Colis</u>	State <u>OH</u>	Zip Code <u>43206</u>	Form (Cash, Check, etc.)
Full Name of Contributor <u>STEPHEN ENZ</u>		Registration Number, if PAC	
Street Address <u>366 E. Broad St</u>	Employer/Occupation/Labor Organization* <u>Army</u>	M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>100</u> <sup>00</sup>
City <u>Colis</u>	State <u>OH</u>	Zip Code <u>43215</u>	Form (Cash, Check, etc.)
Full Name of Contributor <u>KERRY DONAHUE</u>		Registration Number, if PAC	
Street Address <u>6295 EMERALD PKWY</u>	Employer/Occupation/Labor Organization* <u>Army</u>	M <u>0</u> D <u>3</u> Y <u>16</u>	Amount <u>100</u> <sup>00</sup>
City <u>DURBIN</u>	State <u>OH</u>	Zip Code <u>43016</u>	Form (Cash, Check, etc.)
Full Name of Contributor <u>REBECCA GOOCH</u>		Registration Number, if PAC	
Street Address <u>336 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>100</u> <sup>00</sup>
City <u>Colis</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 \$

700<sup>00</sup>