

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

Prescribed by Secretary of State 03/05

Name of Committee in Full				
JERROTT FOR JUDGE				
Full Name of Contributor			Registration Number, if PAC	
GREG Finnerty				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
6013 ROUND TOWER DR	Attorney	1	2	03/15
City	State	Zip Code	Amount	
DUBLIN	OH	43017	200 ⁰⁰	
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
NANCY WALLAR				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
5210 Reserve DR.	Rehl Estate	1	2	03/15
City	State	Zip Code	Amount	
DUBLIN	OH	43017	600 ⁰⁰	
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
R K KERNS				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
1902 LAKE SHORE	Attorney	1	2	03/15
City	State	Zip Code	Amount	
COLS	OH	43204	600 ⁰⁰	
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
ISAAC, Wiles, & Burkholder				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
2 MINARDVA PL.	Attorneys	1	2	03/15
City	State	Zip Code	Amount	
COLS	OH	43215	1500 ⁰⁰	
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
PAUL SCOTT LLC				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
536 S HIGH ST	Attorney	1	2	03/15
City	State	Zip Code	Amount	
COLS	OH	43215	2,500 ⁰⁰	
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
LAWRENCE Rich I				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
500 S. FRONT ST	Attorney	1	2	03/15
City	State	Zip Code	Amount	
COLS	OH	43215	500 ⁰⁰	
Form (Cash, Check, etc.)				
Full Name of Contributor			Registration Number, if PAC	
LUFTMAN HELL Assoc.				
Street Address	Employer/Occupation/Labor Organization*	M	D	Y
580 E. Rich St	Attorneys	1	2	03/15
City	State	Zip Code	Amount	
COLS.	OH	43215	500 ⁰⁰	
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 \$

6,400⁰⁰