

Event Date	10/24
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge					
Full Name of Contributor Kemp, Shaffer, and Rowe				Registration Number, if PAC	
Street Address 88 W. Mound St.		Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 0	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Julia Leveridge				Registration Number, if PAC	
Street Address 333 E. Sycamore		Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 0	Amount 200.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Dr. David Lowenstein				Registration Number, if PAC	
Street Address 691 S. 5th Street		Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43206		Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Weiler				Registration Number, if PAC	
Street Address 41 S. High Street		Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Tom Blackburn				Registration Number, if PAC	
Street Address 10 W. Broad Street		Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Abe Bahgat				Registration Number, if PAC	
Street Address 338 S. High Street		Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Angie Brown				Registration Number, if PAC	
Street Address 536 S. High Street		Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	

* 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

5,885.00

Total expenditures this event

691.15

Page Total \$ **950.00**