

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 Mike Gertner			Registration Number, if PAC	
Street Address 175 S. Third 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 Steve Palmer			Registration Number, if PAC	
Street Address 511 S. High	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 Nein Law Office			Registration Number, if PAC	
Street Address 2291 Scioto Harper Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Todd Barstow			Registration Number, if PAC	
Street Address 4185 E. Main Street	Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 0	Amount 300.00
City Columbus	State O H	Zip Code 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor Cooper & Elliot LLC			Registration Number, if PAC	
Street Address 2175 Riverside Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 0	Amount 1,000.00
City Columbus	State O H	Zip Code 43221	Form(Cash,Check,etc) Check	
Full Name of Contributor Andy Garek			Registration Number, if PAC	
Street Address 464 E. Main Street	Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 0	Amount 250.00
City Columbus	State O H	Zip Code 43213	Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y 1 0 2 4 1 0	Amount
City	State O H	Zip Code	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 \$ 1,850.00
