

Event Date	9/3
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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 <b>Serrott for Judge Committee</b>				
Full Name of Contributor <b>Volkema Thomas</b>			Registration Number, if PAC	
Street Address <b>140 E Town St Suite 1100</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	Y <b>1</b>	Amount <b>250.00</b>
Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Larry Abramson</b>			Registration Number, if PAC	
Street Address <b>695 Bryden Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43205</b>	Y <b>1</b>	Amount <b>250.00</b>
Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Michael Shawn Dirgis</b>			Registration Number, if PAC	
Street Address <b>213 Powhatan Ave</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43204</b>	Y <b>1</b>	Amount <b>100.00</b>
Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor <b>Christopher M Cooper</b>			Registration Number, if PAC	
Street Address <b>3055 Cleveland Ave</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43224</b>	Y <b>1</b>	Amount <b>200.00</b>
Form(Cash,Check,etc) <b>Check</b>				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
Form(Cash,Check,etc)				
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D
City	State	Zip Code	Y	Amount
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 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

Total expenditures this event

Page Total \$ 800.00