Event Date	9/3
Page	18

Page Total \$ 800.00

## Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secretary of State 3/05								
Name of Committee in Full		ı							
Serrott for Judge Committee									
Full Name of Contributor			Registra	tion Num	ber, if PA	С			
Volkema Thomas									
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Y	Amount			
140 E Town St Suite 1100					1 0		250.00		
City	State	Zip Code	0 9 Form(Ca	0 3		м.,			
Columbus	ОН	43215		Chec					
Full Name of Contributor	1 () 3/	10210			ber, if PA	C.	* *		
Larry Abramson					,				
Street Address		oation/Labor Organization*	М	D	Y	Amount			
	Employenoccus	Autor Labor Organization	1	ì	1	Allecare	250.00		
695 Bryden Rd		Zie Ceda		03 sh,Check	1 0	tille i	230.00		
City	State _ I I	Zip Code	1 '	-		San e Loui			
Columbus	<u> 0 H</u>	43205		Chec		45 2 15	- · · · · · · · · · · · · · · · · · · ·		
Full Name of Contributor			Registra	tion Num	ber, if PA	.C			
Michael Shawn Dirgis			М						
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*		D	Y	Amount	100.00		
213 Powhatan Ave	_		0 9	0 3	1 0		100.00		
City	State	Zip Code	1 '	sh,Checl					
Columbus	O H_	43204	•	Chec	k	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Kanada kata		
Full Name of Contributor		<u> </u>			Registration Number, if PAC				
Christopher M Cooper									
Street Address	Employer/Осси	pation/Labor Organization*	М	D	Y	Amount			
3055 Cleveland Ave			0 9	0 3	1 0		200.00		
City	State	Zip Code		sh,Checl	c,etc)				
Columbus	ОН	43224		Checl	-	£ .			
Full Name of Contributor	1. (/	1			ber, if PA	C			
			0		,	•			
Street Address	Employer/Occut	Employer/Occupation/Labor Organization*			Y	Amount			
	,,,,				1				
City	State	Zip Code	Form(C)	sh Checi	k etc)	parties and the			
City	State	Zip Code	I Oshiqea	isit, Circo	.,)	1			
Full Name of Contributor			Ini.	.: N	L CDA	C .	•		
ruii Name of Contributor			Registra	tion Num	ber, if PA	.C			
St	F 1	Employer/Occupation/Labor Organization*			1 37	Amount			
Street Address	Employer/Occur	auon/Lacor Organization*	М	D	Y	Атоши			
		T		<u>.                                    </u>	<u>L</u>				
City	State	Zip Code	Form(Ca	sh,Checl	k,etc)				
<u></u>									
Full Name of Contributor	Registration Number, if PAC								
Street Address	Employer/Occup	*ation/Labor Organization	M	D	Y	Amount			
City	State	Zip Code	Form(Ca	sh,Checl	c,etc)	. 2			
	J		-			2	in the second		
						···			
equired for contributions from individuals over \$100 to statewid	e and general assembly cand	idates. If contributor is self-em	ployed, the c	ccupation	n and the	name of the			
ividual's business, if any, rather than employer should be listed.	If two or more employees co	ntribute via payroll deduction a	nd exceed th	e aggrega	ate of \$10	0, the labor			
anization of which the employees are members, if any, must app	ear. [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 Contr	ibutor state "Contributions from	n form No. 3	1-E" and	list the da	te of the event			
in the date column.									
Total contributions this event	Total expenditures th	is event			1				