

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 Serrott for Judge Committee					
Full Name of Contributor Karen Phipps				Registration Number, if PAC	
Street Address 4333 Reed Rd		Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43220		Form(Cash,Check,etc) Check	
Full Name of Contributor Woody Fox				Registration Number, if PAC	
Street Address 289 S 3rd St		Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 0	Amount 200.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor William Woods				Registration Number, if PAC	
Street Address 1022 Blind Brook Dr		Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43225		Form(Cash,Check,etc) Check	
Full Name of Contributor Rich Brown				Registration Number, if PAC	
Street Address 7559 Bruns Ct		Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43110		Form(Cash,Check,etc) Check	
Full Name of Contributor Stephen Mover				Registration Number, if PAC	
Street Address 9 E Kossutn St		Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 0	Amount 250.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check	
Full Name of Contributor Rounce & Blumenthal LLP				Registration Number, if PAC	
Street Address 495 S High St Suite 450		Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 0	Amount 200.00
City Columbus	State O H	Zip Code		Form(Cash,Check,etc) Check	
Full Name of Contributor Douglas Whaley				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 0	Amount 100.00
City Dublin	State O H	Zip Code 43017		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

Total expenditures this event

Page Total \$ 1,050.00