

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full <u>SERROTT FOR JUDGE</u>				
Full Name of Contributor <u>RON LOVELL</u>			Registration Number, if PAC	
Street Address <u>671 KLOTS RD</u>	Employer/Occupation/Labor Organization* <u>IBM/Exec</u>		M <u>1</u>	D <u>2</u>
City <u>Gahanna</u>	State <u>OH</u>	Zip Code <u>43230</u>	Y <u>3</u>	Amount <u>600<sup>00</sup></u>
Form (Cash, Check, etc.)				
Full Name of Contributor <u>SAM SHAMANSKY ASSOC. LLC</u>			Registration Number, if PAC	
Street Address <u>523 S. THIRD</u>	Employer/Occupation/Labor Organization* <u>ATTORNEY</u>		M <u>1</u>	D <u>2</u>
City <u>COIS</u>	State <u>OH</u>	Zip Code <u>43215</u>	Y <u>3</u>	Amount <u>1500<sup>00</sup></u>
Form (Cash, Check, etc.)				
Full Name of Contributor <u>DUSTIN BLAKE LLC</u>			Registration Number, if PAC	
Street Address <u>580 S HIGH ST</u>	Employer/Occupation/Labor Organization*		M <u>1</u>	D <u>2</u>
City <u>COIS</u>	State <u>OH</u>	Zip Code <u>43215</u>	Y <u>3</u>	Amount <u>1000<sup>00</sup></u>
Form (Cash, Check, etc.)				
Full Name of Contributor <u>LIZ LOVELL</u>			Registration Number, if PAC	
Street Address <u>671 KLOTS RD</u>	Employer/Occupation/Labor Organization* <u>ATTORNEY</u>		M <u>1</u>	D <u>2</u>
City <u>COIS</u>	State <u>OH</u>	Zip Code <u>43230</u>	Y <u>3</u>	Amount <u>150<sup>00</sup></u>
Form (Cash, Check, etc.)				
Full Name of Contributor <u>FRANK RAY</u>			Registration Number, if PAC	
Street Address <u>P.O. Box 2144</u>	Employer/Occupation/Labor Organization* <u>ATTORNEY</u>		M <u>1</u>	D <u>2</u>
City <u>COIS</u>	State <u>OH</u>	Zip Code <u>43221</u>	Y <u>3</u>	Amount <u>250<sup>00</sup></u>
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 also 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

25,675<sup>00</sup>

Total expenditures this event.

-0-

Page Total \$ 3,500<sup>00</sup>

see IN  
KIND CONTRIBUTIONS