

Event Date	12/9
Page	

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 Joe Landusky				Registration Number, if PAC	
Street Address 901 S. High St		Employer/Occupation/Labor Organization*		M D Y 1 2 0 9 1 0	Amount 150.00
City Columbus		State O H	Zip Code 43206	Form(Cash, Check, etc) Check	
Full Name of Contributor Cecily Ferris					
Street Address 905 S. High St				Registration Number, if PAC	
City Columbus		Employer/Occupation/Labor Organization*		M D Y 1 2 0 9 1 0	Amount 100.00
State O H		Zip Code 43206		Form(Cash, Check, etc) Check	
Full Name of Contributor John Voltolin					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M D Y 1 2 0 9 1 0	Amount 60.00
State O H		Zip Code		Form(Cash, Check, etc) Check	
Full Name of Contributor Regina Richards					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M D Y 1 2 0 9 1 0	Amount 80.00
State O H		Zip Code		Form(Cash, Check, etc) Check	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M D Y 1 2 0 9 1 0	Amount
State O H		Zip Code		Form(Cash, Check, etc) Check	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M D Y 1 2 0 9 1 0	Amount
State O H		Zip Code		Form(Cash, Check, etc) Check	
Full Name of Contributor					
Street Address				Registration Number, if PAC	
City		Employer/Occupation/Labor Organization*		M D Y 1 2 0 9 1 0	Amount
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

5,790.00

Total expenditures this event

Page Total \$ 390.00