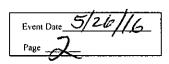
31-E R.C. 3517.10(B)

Statement of Contributions Received at a Social or Fund-Raising Event Prescribed by Secretary of State 03/05



Page Total \$ 1300

Trestrice by Secretary of State 62/05	
Name of Committee in Full Serrott FOR JUDGE	
Full Name of Contributor DAVID HeINLEIN	Registration Number, if PAC
Street Address 1504 Estex Employer/Occupation/Labor Occupation*	052616 150
City State Zip Code 4-32-2-1	Form (Cash, Check)etc.)
Full Name of Contributor CAA16 SCOTT	Registration Number, if PAC
Street Address Employer/Occupation/Labor Organization*	M D Y Amount
City State Zip Code	Form (Cash, Check, etc.)
Full Name of Contributor	Registration Number, if PAC
Street Address Employer/Occupation/Labor Organization*	M D Y Amount —
City State Zip Code	Form (Cash, Check, Itc.)
Full Name of Contributor T. (C)	Registration Number, if PAC
Street Address Employer/Occupation/Labor Organization*	M D Y Amount
City State Zip Code	OS 2616 500 Form (Cash, Check) etc.)
Full Name of Contributor	Registration Number, if PAC
Street Address A Family Cocupation/Labor Organization	M D Y Amount
5701 DUBLINKS RETIRED	05 2616 100 T
Delaware, 0/+ 430/5	
Full Name of Contributor KANEN DICK	Registration Number, if PAC
Street Address 200 / CANDIGAN Employer/Occupation/Labor Organization	0526/6 /DA -
City State Zip Code #32/2	Form (Cash Check etc.)
Full Name of Contributor RUBERT HULL	Registration Number, if PAC
Street Address 5297 EdWANDS Employer/Occupation/Labor Organization* HWY	052616 Amount -
City Cols Plantation State Zip Code 43721	Form (Cash, check, tc.)
* 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 No. 31-E" and list the date of the event in the date column	
Total contributions this event Total expenditures this event	rent.