

Event Date	9/24
Page	2

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 Mike McElligot				Registration Number, if PAC	
Street Address 511 E Jeffery Pl	Employer/Occupation/Labor Organization*		M 0	D 9	Y 24
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor John Alton Attorney				Registration Number, if PAC	
Street Address 88 W. Main	Employer/Occupation/Labor Organization*		M 0	D 9	Y 24
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 200.00
Full Name of Contributor Sam Law				Registration Number, if PAC	
Street Address 855 Greenridge Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 24
City Worthington	State OH	Zip Code 43235	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Karen H Phipps				Registration Number, if PAC	
Street Address 4333 Reed Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 24
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Carr Aveni				Registration Number, if PAC	
Street Address 199 W Dominion Blvd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 24
City Columbus	State OH	Zip Code 43214	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Jackie Kemp				Registration Number, if PAC	
Street Address 6564 Ballantine Pl	Employer/Occupation/Labor Organization*		M 0	D 9	Y 24
City Dublin	State OH	Zip Code 43016	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Rob Essex				Registration Number, if PAC	
Street Address 1654 E Broad St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 24
City Columbus	State OH	Zip Code	Form(Cash,Check,etc) Check		Amount 100.00

* 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 \$ **750.00**