

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Serrott for Judge Committee.					
Full Name of Contributor				Registration Number, if PAC	
Mark E. Defosse					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2440 Canterbury Rd.	attorney	1	2	0315	\$250
City	State	Zip Code		Form (Cash, Check, etc.)	
Upper Arlington	OH	43221		Check	
Full Name of Contributor				Registration Number, if PAC	
Sydow Lois					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
155 W Main ST.	attorney	1	2	0315	\$250
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43215		Check	
Full Name of Contributor				Registration Number, if PAC	
Dennis P. Evans					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4006 LYON Drive	attorney	1	2	0315	\$250
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43220		Check	
Full Name of Contributor				Registration Number, if PAC	
Brian J Rigg					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
720 S High ST	attorney	1	2	0315	\$250
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43206		Check	
Full Name of Contributor				Registration Number, if PAC	
Ronald B. Jones					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
330 S High ST	attorney	1	2	0215	\$250
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43215		Check	
Full Name of Contributor				Registration Number, if PAC	
Greg Anglin					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
6827 N High st	attorney	1	2	0315	\$250
City	State	Zip Code		Form (Cash, Check, etc.)	
Worthington	OH	43085		Check	
Full Name of Contributor				Registration Number, if PAC	
Karen Held Phipps					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4333 Reed Rd.	attorney	1	1	3015	\$250
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43220		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 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

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Total expenditures this event.

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Page Total \$ 1,750