

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 Jo Kaiser				Registration Number, if PAC	
Street Address 389 Library Park Ct		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) Check	
Full Name of Contributor Javier Armengau				Registration Number, if PAC	
Street Address 857 S High St		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 0	Amount 150.00
City Columbus	State O H	Zip Code 43206		Form(Cash, Check, etc) Check	
Full Name of Contributor Desanto and McNichols				Registration Number, if PAC	
Street Address 887 S High St		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 0	Amount 200.00
City Columbus	State O H	Zip Code 43206		Form(Cash, Check, etc) Check	
Full Name of Contributor Jeffery M Lewis Co. LPA				Registration Number, if PAC	
Street Address 150 E Mound St Suite 308		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 0	Amount 200.00
City Columbus	State O H	Zip Code 43215		Form(Cash, Check, etc) Check	
Full Name of Contributor Friends of Dennis Nicodemus				Registration Number, if PAC	
Street Address 5665 N Hamilton Rd		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 0	Amount 200.00
City Columbus	State O H	Zip Code 43230		Form(Cash, Check, etc) Check	
Full Name of Contributor Suzanne Stasiewicz				Registration Number, if PAC	
Street Address 64 Granville St		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 0	Amount 250.00
City Columbus	State O H	Zip Code 43230		Form(Cash, Check, etc) Check	
Full Name of Contributor Friends of William Mason				Registration Number, if PAC	
Street Address 5114 Sassafras Dr		Employer/Occupation/Labor Organization*		M D Y 0 9 3 0 1 0	Amount 500.00
City Parma	State O H	Zip Code 44129		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

Total expenditures this event

Page Total \$ 1,600.00