

Event Date	10/17
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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 Sharon Lynch				Registration Number, if PAC			
Street Address 369 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	25.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Cash		
Full Name of Contributor Celia Kilgard				Registration Number, if PAC			
Street Address 369 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	25.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Cash		
Full Name of Contributor Robert Essex				Registration Number, if PAC			
Street Address 1654 E. Broad Street #302		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	80.00
City Columbus		State O	H	Zip Code 43203	Form(Cash,Check,etc) Cash		
Full Name of Contributor Ioure McCord				Registration Number, if PAC			
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Cash		
Full Name of Contributor Kevin McCord				Registration Number, if PAC			
Street Address 844 S. Front Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	100.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Cash		
Full Name of Contributor Mike Probst				Registration Number, if PAC			
Street Address 459 Glenmont Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City Columbus		State O	H	Zip Code 43215	Form(Cash,Check,etc) Cash		
Full Name of Contributor Hope Boren				Registration Number, if PAC			
Street Address 12100 Tollgate Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	100.00
City Columbus		State O	H	Zip Code 43147	Form(Cash,Check,etc) Cash		

* 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

3,165.00

Total expenditures this event

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Page Total \$ 480.00