

## 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				Registration Number, if PAC			
Scott & Nemann Co, LPA							
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
35 E. Livingston Ave				1	2	0	150.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		OH	43215	Check			
Full Name of Contributor							
William Mann							
Street Address				Registration Number, if PAC			
580 S. High St							
City		State	Zip Code	M	D	Y	Amount
Columbus		OH	43215	1	2	0	150.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		OH	43215	Check			
Full Name of Contributor							
Randal D. Robinson							
Street Address				Registration Number, if PAC			
601 S. High St							
City		State	Zip Code	M	D	Y	Amount
Columbus		OH	43215	1	2	0	150.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		OH	43215	Check			
Full Name of Contributor							
Zeiger, Tigges, and Little LLP							
Street Address				Registration Number, if PAC			
41 S. High Street, Suite 3500							
City		State	Zip Code	M	D	Y	Amount
Columbus		OH	43215	1	2	0	500.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		OH	43215	Check			
Full Name of Contributor							
Richard S. Donahev							
Street Address				Registration Number, if PAC			
495 S. High Street, Suite 100							
City		State	Zip Code	M	D	Y	Amount
Columbus		OH	43215	1	2	0	150.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		OH	43215	Check			
Full Name of Contributor							
Louis T. Dye							
Street Address				Registration Number, if PAC			
555 S. Third St							
City		State	Zip Code	M	D	Y	Amount
Columbus		OH	43215	1	2	0	100.00
City		State	Zip Code	Form(Cash, Check, etc)			
Columbus		OH	43215	Cash			
Full Name of Contributor							
Ruth Rankin							
Street Address				Registration Number, if PAC			
PO BOX 184							
City		State	Zip Code	M	D	Y	Amount
Powell		OH	43065	1	2	0	75.00
City		State	Zip Code	Form(Cash, Check, etc)			
Powell		OH	43065	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

Total expenditures this event

Page Total \$ 1,275.00