

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 Sheryl Munson				Registration Number, if PAC	
Street Address 373 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 17
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Kevin Mulrane				Registration Number, if PAC	
Street Address 373 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 17
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 50.00
Full Name of Contributor Norm Anderson				Registration Number, if PAC	
Street Address 373 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 17
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Brian Rigg				Registration Number, if PAC	
Street Address 755 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 17
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 75.00
Full Name of Contributor Adam Nemann				Registration Number, if PAC	
Street Address 35 E. Livingston	Employer/Occupation/Labor Organization*		M 1	D 0	Y 17
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Tom Haves				Registration Number, if PAC	
Street Address 65 E. Livingston	Employer/Occupation/Labor Organization*		M 1	D 0	Y 17
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 125.00
Full Name of Contributor Avcoin and Younkin				Registration Number, if PAC	
Street Address 577 S. High Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 17
City Columbus	State O	Zip Code 43215	Form(Cash, Check, etc) Check		Amount 200.00

* 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

3,165.00

Total expenditures this event

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Page Total \$ 700.00