

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Serrcott For Judge Committee					
Full Name of Contributor				Registration Number, if PAC	
Joel E Kaiser					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
389 Library Park CT	attorney	1	2	0315	\$600
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor				Registration Number, if PAC	
Kendra Christine Kinney					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1054 Ridge Dr	attorney	1	2	0315	\$100
City	State	Zip Code	Form (Cash, Check, etc.)		
Circleville	OH	43113	check		
Full Name of Contributor				Registration Number, if PAC	
David Young					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
146-D Granville ST	attorney	1	2	0315	\$100
City	State	Zip Code	Form (Cash, Check, etc.)		
Gahanna	OH	43230	check		
Full Name of Contributor				Registration Number, if PAC	
David A. Bressman					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4230 Tuller Road	attorney	1	1	3015	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Dublin	OH	43017	check		
Full Name of Contributor				Registration Number, if PAC	
Kohrman Jackson & Krantz					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1375 East Ninth Street	attorney	1	2	0115	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Cleveland	OH	44114	check		
Full Name of Contributor				Registration Number, if PAC	
CPM Law PIAC					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
366 East Broad Street	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	
Blaise Baker					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
600 S. High ST	attorney	1	2	0315	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	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 \$ 1,300