

Event Date	9/30
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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 Committee					
Full Name of Contributor David Pariser				Registration Number, if PAC	
Street Address 2557 Bexlev Park Rd		Employer/Occupation/Labor Organization*		M	D
City Bexlev		State O H	Zip Code 43209	Y	Amount 25.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Margaret Meckling				Registration Number, if PAC	
Street Address 196 N Chase Ave		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O H	Zip Code 43204	Y	Amount 50.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Cecily Ferris				Registration Number, if PAC	
Street Address 676 Mohawk St		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O H	Zip Code 43215	Y	Amount 50.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Julie Reitan				Registration Number, if PAC	
Street Address PO BOX 13441		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O H	Zip Code 43213	Y	Amount 50.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Zachary Scott				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State O H	Zip Code	Y	Amount 50.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Janie D Roberts				Registration Number, if PAC	
Street Address 350 S High St Suite 200		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O H	Zip Code 43215	Y	Amount 50.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Jacqueline Rose				Registration Number, if PAC	
Street Address 2039 Mackenzie Dr		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O H	Zip Code 43220	Y	Amount 80.00
				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 \$ **355.00**