

Event Date	1
Page	

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 George Luther			Registration Number, if PAC	
Street Address 536 S High St	Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 0	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Joe Mas			Registration Number, if PAC	
Street Address 330 S High St	Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 0	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Bill Meeks			Registration Number, if PAC	
Street Address 511 S High St	Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 0	Amount 200.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Jeff Moore			Registration Number, if PAC	
Street Address 3265 High St	Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 0	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form(Cash, Check, etc) Check	
Full Name of Contributor Mike Probst			Registration Number, if PAC	
Street Address 459 Glenmont Ave	Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 0	Amount 150.00
City Columbus	State O H	Zip Code 43214	Form(Cash, Check, etc) Check	
Full Name of Contributor Dave Rieser			Registration Number, if PAC	
Street Address 394 S Front St	Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 0	Amount 150.00
City Columbus	State O H	Zip Code 43206	Form(Cash, Check, etc) Check	
Full Name of Contributor Paul Scott			Registration Number, if PAC	
Street Address 536 S High St	Employer/Occupation/Labor Organization*		M D Y 0 6 1 7 1 0	Amount 250.00
City Columbus	State O H	Zip Code 43215	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 \$ 1,200.00