

Event Date	10/24
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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					
Full Name of Contributor Ben Zachs				Registration Number, if PAC	
Street Address 33 S. James Rd		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O	Zip Code 43213	Y	Amount 200.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor David Goldstein				Registration Number, if PAC	
Street Address 150 S. Roosevelt		Employer/Occupation/Labor Organization*		M	D
City Bexley		State O	Zip Code 43209	Y	Amount 250.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Madison and Rosan LLC				Registration Number, if PAC	
Street Address 39 E. Whittier		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O	Zip Code 43206	Y	Amount 1,000.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Robert Behal				Registration Number, if PAC	
Street Address 2531 Brentwood Ave		Employer/Occupation/Labor Organization*		M	D
City Bexley		State O	Zip Code 43209	Y	Amount 250.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Mike Johrendt				Registration Number, if PAC	
Street Address 42 Park Dr		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O	Zip Code 43209	Y	Amount 250.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Kim Rodgers				Registration Number, if PAC	
Street Address 2692 Regina Ave		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O	Zip Code 43204	Y	Amount 100.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Shawn Riehl				Registration Number, if PAC	
Street Address 3275 Redding Road		Employer/Occupation/Labor Organization*		M	D
City Columbus		State O	Zip Code 43024	Y	Amount 100.00
				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

5,885.00

Total expenditures this event

691.15

Page Total \$ 2,150.00