Event Date	8/11
Page	10

Statement of Contributions Received at a Social or Fundraising Event

State Zip Code		Prescribed by Sec	cretary of State 3/05		
Registration Number, if PAC Steven Mathless Steven Mathless					
Steven Mathless	Serrott for Judge Committee				
State Address Employer/Occupation/Labor Organization* O	Full Name of Contributor			Registration Number, if PAC	
150 E Mound St	Steven Mathless	· · · · · · · · · · · · · · · · · · ·			
State Zip Code Check C		Employer/Occup	Employer/Occupation/Labor Organization*		
Columbus					75.00
Full Name of Contributor	City		1 '	4 4	
Laura Fuller Street Address Employer/Occupation/Labor Organization* O 8 1 1 1 0 50.0		I O H	43215		*
State Address Employer/Occupation/Labor Organization* O 8 1 1 0 50.0				Registration Number, if PAC	
1218 Auburn Ct	The state of the s				
State Zip Code Cash Check, etc. Cash Cash Check Cash C		Employer/Occup	Employer/Occupation/Labor Organization*		
Powell					50.00
Registration Number, if PAC			1 '		
Street Address		<u> </u>	43065		
Street Address State Zip Code Check				Registration Number, if PAC	
35 E Livingston Ave			 		
State Zip Code Check C		Employer/Occup	Employer/Occupation/Labor Organization*		
Columbus			1-, -		100.00
Full Name of Contributor	1 -	1	1 '	3	
Danny Cavdill Dawn Hays		10 H	43215		1. B. F. C. C. S. C. S.
Street Address	-			Registration Number, if PAC	
City		E 1 10	ata Ar I - Ar a ata Ata Ar		
State		Employer/Occupation/Labor Organization*			
Canal Winchester			[g]:, C . 1-		150.00
Full Name of Contributor Kevin Mulrane	· ·	1	1 *	`	
Street Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 () 11	43110		and the second second
Street Address	•			Registration Number, if FNC	
1527 Doone Rd		Employer/Occum	ation/Labor Organization*	M I D I V Amou	mt
State Zip Code Form(Cash,Check,etc)		Бирюусиоссир	aciona Dador Organizacion		
Columbus O H 43221 Check Full Name of Contributor Registration Number, if PAC Aaron C Firstenberger Street Address Employer/Occupation/Labor Organization* M D Y Amount 575 S Third St State Zip Code Form(Cash, Check, etc) 80.0 City State Zip Code Form(Cash, Check, etc) Cash Full Name of Contributor Registration Number, if PAC Robert Barnhart Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount 75.0 City State Zip Code Form(Cash, Check, etc) Form(Cash, Check, etc) 75.0		State	Zin Code		75.00
Registration Number, if PAC			1 -		
Aaron C Firstenberger Street Address Employer/Occupation/Labor Organization* M D Y Amount State Zip Code Form(Cash, Check, etc) Cash Cash Full Name of Contributor Registration Number, if PAC Robert Barnhart Street Address Employer/Occupation/Labor Organization* M D Y Amount Amount T50 Mound St #301 State Zip Code Form(Cash, Check, etc) T50 Mound St #301 T50 Mound St #		() 11	10221		34, 24
Street Address				Regulation Francisco, E FFT	
575 S Third St 0 8 1 1 1 0 80.0 City State Zip Code Form(Cash, Check, etc) Cash Columbus Registration Number, if PAC Full Name of Contributor Registration Number, if PAC Robert Barnhart Street Address Employer/Occupation/Labor Organization* M D Y Amount 150 Mound St #301 0 8 1 1 1 0 75.0 City State Zip Code Form(Cash, Check, etc)		Employer/Occup	ation/Labor Organization*	M D Y Amou	mt
City State Zip Code Form(Cash, Check, etc) Columbus Cash Full Name of Contributor Registration Number, if PAC Robert Barnhart Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* M D Y Amount 150 Mound St #301 0 8 1 1 1 0 75.0 City State Zip Code Form(Cash, Check, etc)					80.00
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Registration Number, if PAC		lo H	1 .		
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Street Address Employer/Occupation/Labor Organization* M D Y Amount 150 Mound St #301 0 8 1 1 0 75.0 City State Zip Code Form(Cash,Check,etc) Form(Cash,Check,etc)	Robert Barnhart				
City State Zip Code Form(Cash, Check, etc)		Employer/Occup	ation/Labor Organization*	M D Y Amou	ent .
City State Zip Code Form(Cash, Check, etc)	150 Mound St #301			0 8 1 1 1 0	75.00
Columbus O H 43215 Check		State	Zip Code		100
	Columbus	lo H	43215	Check	7.
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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 \$ 605.00

^{*} R ind