

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 Steven Mathless				Registration Number, if PAC			
Street Address 150 E Mound St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	75.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Laura Fuller				Registration Number, if PAC			
Street Address 1218 Auburn Ct		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	50.00
City Powell	State O	H	Zip Code 43065	Form(Cash,Check,etc) Cash			
Full Name of Contributor Kathy Koch				Registration Number, if PAC			
Street Address 35 E Livingston Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	100.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Danny Cavdill/Dawn Hays				Registration Number, if PAC			
Street Address 6422 Rossmore Ln		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	150.00
City Canal Winchester	State O	H	Zip Code 43110	Form(Cash,Check,etc) Check			
Full Name of Contributor Kevin Mulrane				Registration Number, if PAC			
Street Address 1527 Doone Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	75.00
City Columbus	State O	H	Zip Code 43221	Form(Cash,Check,etc) Check			
Full Name of Contributor Aaron C Firstenberger				Registration Number, if PAC			
Street Address 575 S Third St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	80.00
City Columbus	State O	H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor Robert Barnhart				Registration Number, if PAC			
Street Address 150 Mound St #301		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	75.00
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 \$ 605.00