

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 Luttman & Heck				Registration Number, if PAC	
Street Address 580 E Rich St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 1 1 0
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Cash		
Amount 250.00					
Full Name of Contributor Donald Breckenridge					
Street Address 3009 Columbus St #103				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 1 1 0	Amount 75.00
City Grove City	State O H	Zip Code 43123	Form (Cash, Check, etc) Check		
Full Name of Contributor Ira Sully					
Street Address 844 S Front St				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 1 1 0	Amount 75.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check		
Full Name of Contributor Richard S Ketcham					
Street Address 755 S High St				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 1 1 0	Amount 75.00
City Columbus	State O H	Zip Code 43206	Form (Cash, Check, etc) Check		
Full Name of Contributor Karen Helo Phipps					
Street Address 4333 Reed Rd				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 1 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43220	Form (Cash, Check, etc) Check		
Full Name of Contributor Scott & Nemann					
Street Address 35 E Livingston Ave				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 1 1 0	Amount 500.00
City Columbus	State O H	Zip Code 43215	Form (Cash, Check, etc) Check		
Full Name of Contributor Nathan Akamine					
Street Address 844 S Front St				Registration Number, if PAC	
Employer/Occupation/Labor Organization*		M 0	D 8	Y 1 1 1 0	Amount 150.00
City Columbus	State O H	Zip Code 43206	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 \$ 1,225.00