

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Serrott for Judge Committee</b>				
Full Name of Contributor <b>Edward &amp; Maryellen Cain</b>			Registration Number, if PAC	
Street Address <b>502 S 3rd St</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0 9 0 3 1 0</b>	Amount <b>50.00</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Richanne Zymboski</b>			Registration Number, if PAC	
Street Address <b>502 S 3rd St</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0 9 0 3 1 0</b>	Amount <b>75.00</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Mathiew Amcione</b>			Registration Number, if PAC	
Street Address <b>1228 Cambridge Blvd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0 9 0 3 1 0</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Richard Topper</b>			Registration Number, if PAC	
Street Address <b>5132 Olentangy River Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0 9 0 3 1 0</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Thomas Ling</b>			Registration Number, if PAC	
Street Address <b>2565 Leeds Rd</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0 9 0 3 1 0</b>	Amount <b>250.00</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Steve Edwards</b>			Registration Number, if PAC	
Street Address <b>4030 Broadway</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0 9 0 3 1 0</b>	Amount <b>200.00</b>
City <b>Grove City</b>	State <b>O H</b>	Zip Code <b>43123</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Phillip Fulton</b>			Registration Number, if PAC	
Street Address <b>89 E Nationwide Suite 300</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>0 9 0 3 1 0</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	

\* 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 \$ 1,175.00