

Event Date	8/11
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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 Committee					
Full Name of Contributor Allison J Lippman				Registration Number, if PAC	
Street Address 136 N Remington	Employer/Occupation/Labor Organization*			M 0	D 8
City Bexley	State O	Zip Code 43209	Y 1	Amount 25.00	
Form(Cash,Check,etc) Check					
Full Name of Contributor Bailey Cavaleri				Registration Number, if PAC	
Street Address 10 W Broad St Suite 2100	Employer/Occupation/Labor Organization*			M 0	D 8
City Columbus	State O	Zip Code 43215	Y 1	Amount 225.00	
Form(Cash,Check,etc) Check					
Full Name of Contributor Luper Neidenthal Logan				Registration Number, if PAC	
Street Address 1200 Leveque Tower	Employer/Occupation/Labor Organization*			M 0	D 8
City Columbus	State O	Zip Code 43215	Y 1	Amount 75.00	
Form(Cash,Check,etc) Check					
Full Name of Contributor Jeffrey M Basnett				Registration Number, if PAC	
Street Address 282 Woodland Ave	Employer/Occupation/Labor Organization*			M 0	D 8
City Columbus	State O	Zip Code 43203	Y 1	Amount 100.00	
Form(Cash,Check,etc) Check					
Full Name of Contributor Cox, Koltak, Gibson				Registration Number, if PAC	
Street Address 5 E Long Suite 200	Employer/Occupation/Labor Organization*			M 0	D 8
City Columbus	State O	Zip Code 43215	Y 1	Amount 100.00	
Form(Cash,Check,etc) Check					
Full Name of Contributor Jesse Schadt				Registration Number, if PAC	
Street Address 1485 W 3rd #6D	Employer/Occupation/Labor Organization*			M 0	D 8
City Columbus	State O	Zip Code 43212	Y 1	Amount 50.00	
Form(Cash,Check,etc) Cash					
Full Name of Contributor Bryan Johnson				Registration Number, if PAC	
Street Address 1 E Livingston Ave	Employer/Occupation/Labor Organization*			M 0	D 8
City Columbus	State O	Zip Code 43215	Y 1	Amount 75.00	
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

Total expenditures this event

Page Total \$ 650.00