

Event Date	9/30
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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 Jo Kaiser				Registration Number, if PAC	
Street Address 389 Library Park Ct	Employer/Occupation/Labor Organization*		M 0	D 9	Y 3
City Columbus	State O	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 100.00
Full Name of Contributor Javier Armengau				Registration Number, if PAC	
Street Address 857 S High St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 3
City Columbus	State O	Zip Code 43206	Form (Cash, Check, etc) Check		Amount 150.00
Full Name of Contributor Desanto and McNichols				Registration Number, if PAC	
Street Address 887 S High St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 3
City Columbus	State O	Zip Code 43206	Form (Cash, Check, etc) Check		Amount 200.00
Full Name of Contributor Jeffery M Lewis Co. LPA				Registration Number, if PAC	
Street Address 150 E Mound St Suite 308	Employer/Occupation/Labor Organization*		M 0	D 9	Y 3
City Columbus	State O	Zip Code 43215	Form (Cash, Check, etc) Check		Amount 200.00
Full Name of Contributor Friends of Dennis Nicodemus				Registration Number, if PAC	
Street Address 5665 N Hamilton Rd	Employer/Occupation/Labor Organization*		M 0	D 9	Y 3
City Columbus	State O	Zip Code 43230	Form (Cash, Check, etc) Check		Amount 200.00
Full Name of Contributor Suzanne Stasiewicz				Registration Number, if PAC	
Street Address 64 Granville St	Employer/Occupation/Labor Organization*		M 0	D 9	Y 3
City Columbus	State O	Zip Code 43230	Form (Cash, Check, etc) Check		Amount 250.00
Full Name of Contributor Friends of William Mason				Registration Number, if PAC	
Street Address 5114 Sassafras Dr	Employer/Occupation/Labor Organization*		M 0	D 9	Y 3
City Parma	State O	Zip Code 44129	Form (Cash, Check, etc) Check		Amount 500.00

* 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 \$ 1,600.00