

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 Marty Midian				Registration Number, if PAC	
Street Address 133 Livingston		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43215	Y	Amount 100.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Teri Daughtery					
Street Address 5053 Grassland Dr		Employer/Occupation/Labor Organization*		M	D
City Dublin		State OH	Zip Code 43016	Y	Amount 50.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Bill Hedrick					
Street Address 535 W. First Ave		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43215	Y	Amount 50.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Wayne Brown					
Street Address 825 S Front St		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43206	Y	Amount 150.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Kerry Donahue					
Street Address 6295 Emerald		Employer/Occupation/Labor Organization*		M	D
City Dublin		State OH	Zip Code 43016	Y	Amount 100.00
Form(Cash, Check, etc) Check					
Full Name of Contributor Jeremy Dodgian					
Street Address 601 S High St		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43215	Y	Amount 100.00
Form(Cash, Check, etc) Cash					
Full Name of Contributor Greg Slemmer					
Street Address 601 S High St		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43215	Y	Amount 100.00
Form(Cash, Check, etc) Cash					

* 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