

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 Volkema Thomas			Registration Number, if PAC	
Street Address 140 E Town St Suite 1100	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 0	Amount 250.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Larry Abramson			Registration Number, if PAC	
Street Address 695 Bryden Rd	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 0	Amount 250.00
City Columbus	State O H	Zip Code 43205	Form(Cash,Check,etc) Check	
Full Name of Contributor Michael Shawn Dirgis			Registration Number, if PAC	
Street Address 213 Powhatan Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 0	Amount 100.00
City Columbus	State O H	Zip Code 43204	Form(Cash,Check,etc) Check	
Full Name of Contributor Christopher M Cooper			Registration Number, if PAC	
Street Address 3055 Cleveland Ave	Employer/Occupation/Labor Organization*		M D Y 0 9 0 3 1 0	Amount 200.00
City Columbus	State O H	Zip Code 43224	Form(Cash,Check,etc) Check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form(Cash,Check,etc)	

* 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 \$ 800.00