

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					
Full Name of Contributor Roger Koeck				Registration Number, if PAC	
Street Address 6257 Emberwood Rd		Employer/Occupation/Labor Organization*		M 1	D 0
City Dublin		State OH	Zip Code 43017	Y 1	Amount 75.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Dennis Kaps					
Street Address 191 Oakland Park Ave		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43224	Y 1	Amount 35.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Jeff Basnett					
Street Address 282 Woodland Ave		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Chris Brown					
Street Address 373 S. High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 35.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Shaw and Miller					
Street Address 555 City Park Ave		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 150.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Cecily Ferris					
Street Address 905 S. High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100.00
				Form (Cash, Check, etc) Check	
Full Name of Contributor Jeff Bobbitt					
Street Address 373 S. High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 50.00
				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
3,165.00

Total expenditures this event

Page Total \$ **545.00**