

Event Date	9/24
Page	1

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 Steve Lanson				Registration Number, if PAC	
Street Address 4907 Smoke Talk Ln		Employer/Occupation/Labor Organization*		M D Y	Amount
Worthington		State OH	Zip Code 43081	0 9 2 4 1 0	150.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Bonnie Fox					
Street Address 233 N Bend Dr		Employer/Occupation/Labor Organization*		M D Y	Amount
Pataskala		State OH	Zip Code 43062	0 9 2 4 1 0	200.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Sab Law Office					
Street Address 326 S High St		Employer/Occupation/Labor Organization*		M D Y	Amount
Columbus		State OH	Zip Code 43215	0 9 2 4 1 0	75.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor HR Hollenbaugh					
Street Address 8549 Glenalmond Ct		Employer/Occupation/Labor Organization*		M D Y	Amount
Dublin		State OH	Zip Code 43017	0 9 2 4 1 0	75.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Jeff Mackey					
Street Address 1538 Melrose Ave		Employer/Occupation/Labor Organization*		M D Y	Amount
Columbus		State OH	Zip Code 43224	0 9 2 4 1 0	75.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Bill Loveland					
Street Address 2039 Coventry Rd		Employer/Occupation/Labor Organization*		M D Y	Amount
Columbus		State OH	Zip Code 43212	0 9 2 4 1 0	75.00
				Form(Cash,Check,etc) Check	
Full Name of Contributor Lori Tyack					
Street Address 4080 Chelsea Brill		Employer/Occupation/Labor Organization*		M D Y	Amount
Gahanna		State OH	Zip Code 43230	0 9 2 4 1 0	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 \$ 725.00