

Event Date	9/24
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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 Bill Hedrick				Registration Number, if PAC			
Street Address 535 W 1st Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	24	25.00
City Columbus	State O H	Zip Code 43215		Form (Cash, Check, etc) Check			
Full Name of Contributor Terri Daughtery				Registration Number, if PAC			
Street Address 5053 Grassland Ln		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	24	25.00
City Dublin	State O H	Zip Code 43016		Form (Cash, Check, etc) Check			
Full Name of Contributor Richanne Zymkoski				Registration Number, if PAC			
Street Address 2128 Poplan St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	24	100.00
City Columbus	State O H	Zip Code 43207		Form (Cash, Check, etc) Check			
Full Name of Contributor Joe Nas				Registration Number, if PAC			
Street Address 330 S High St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	24	100.00
City Columbus	State O H	Zip Code 43215		Form (Cash, Check, etc) Check			
Full Name of Contributor Matt Zeno				Registration Number, if PAC			
Street Address 328 W 2nd St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	24	50.00
City Columbus	State O H	Zip Code 43201		Form (Cash, Check, etc) Check			
Full Name of Contributor Rick Ketcham				Registration Number, if PAC			
Street Address 755 S High St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	24	75.00
City Columbus	State O H	Zip Code 43206		Form (Cash, Check, etc) Check			
Full Name of Contributor Jeffery Lewis				Registration Number, if PAC			
Street Address 150 E Mound St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	9	24	150.00
City Columbus	State O H	Zip Code 43215		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 \$ 525.00