

Event Date	10/17
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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							
Full Name of Contributor John Keeling				Registration Number, if PAC			
Street Address 373 N. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	35.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Nick Yeager				Registration Number, if PAC			
Street Address 288 Thurman Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	40.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Nick Mango				Registration Number, if PAC			
Street Address 5649 Vanwert Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City Hilliard		State O	Zip Code 43206	Form(Cash,Check,etc) Check			
Full Name of Contributor Luftman & Heck LLC				Registration Number, if PAC			
Street Address 580 E. Rich Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	75.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Don Shartzler				Registration Number, if PAC			
Street Address 373 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	100.00
City Columbus		State O	Zip Code 43215	Form(Cash,Check,etc) Check			
Full Name of Contributor Saver and Associates				Registration Number, if PAC			
Street Address PO BOX 9051		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50.00
City Columbus		State O	Zip Code 43209	Form(Cash,Check,etc) Check			
Full Name of Contributor Kevin Mantell				Registration Number, if PAC			
Street Address 2569 Northwest Blvd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	75.00
City Columbus		State O	Zip Code 43221	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

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Page Total \$ 425.00