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| Event Date | 8/11 |
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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 Melissa Fuhrmann | | | | Registration Number, if PAC | |
| Street Address 1129 Afton Rd | Employer/Occupation/Labor Organization* | | | M 0 | D 8 |
| City Upper Arlington | State O H | Zip Code 43221 | Y 1 | Amount 75.00 | |
| Form(Cash,Check,etc) Check | | | | | |
| Full Name of Contributor Damien Kitte | | | | Registration Number, if PAC | |
| Street Address 2418 Woodstock Rd | Employer/Occupation/Labor Organization* | | | M 0 | D 8 |
| City Columbus | State O H | Zip Code 43221 | Y 1 | Amount 75.00 | |
| Form(Cash,Check,etc) Check | | | | | |
| Full Name of Contributor Amy Ernst | | | | Registration Number, if PAC | |
| Street Address 965 Birchman Rd | Employer/Occupation/Labor Organization* | | | M 0 | D 8 |
| City Columbus | State O H | Zip Code 43220 | Y 1 | Amount 100.00 | |
| Form(Cash,Check,etc) Cash | | | | | |
| Full Name of Contributor Keeth Okorn | | | | Registration Number, if PAC | |
| Street Address 1188 S High St | Employer/Occupation/Labor Organization* | | | M 0 | D 8 |
| City Columbus | State O H | Zip Code 43206 | Y 1 | Amount 75.00 | |
| Form(Cash,Check,etc) Check | | | | | |
| Full Name of Contributor Thomas F Hayes | | | | Registration Number, if PAC | |
| Street Address 65 E Livingston Ave | Employer/Occupation/Labor Organization* | | | M 0 | D 8 |
| City Columbus | State O H | Zip Code 43215 | Y 1 | Amount 75.00 | |
| Form(Cash,Check,etc) Check | | | | | |
| Full Name of Contributor Richard Frye | | | | Registration Number, if PAC | |
| Street Address 1669 Roxbury Rd | Employer/Occupation/Labor Organization* | | | M 0 | D 8 |
| City West Arlington | State O H | Zip Code 43212 | Y 1 | Amount 150.00 | |
| Form(Cash,Check,etc) Check | | | | | |
| Full Name of Contributor John P Johnson | | | | Registration Number, if PAC | |
| Street Address 501 S High St | Employer/Occupation/Labor Organization* | | | M 0 | D 8 |
| City Columbus | State O H | Zip Code 43215 | Y 1 | Amount 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 \$ **625.00**