

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 Anonymous				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	50.00
City		State	Zip Code	Form(Cash,Check,etc)			
				Cash			
Full Name of Contributor SMD Bonding LLC				Registration Number, if PAC			
Street Address 571 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	1,500.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc)			
				Check			
Full Name of Contributor Larry Criner				Registration Number, if PAC			
Street Address 6450 Evans Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	575.00
City New Albany		State OH	Zip Code 43054	Form(Cash,Check,etc)			
				Check			
Full Name of Contributor Dan Fletcher				Registration Number, if PAC			
Street Address 150 Mound St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	250.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc)			
				Check			
Full Name of Contributor Brian Rigg				Registration Number, if PAC			
Street Address 755 S High		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	500.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc)			
				Check			
Full Name of Contributor Scotland Newman				Registration Number, if PAC			
Street Address 35 E Livingston Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				0	8	1	250.00
City Columbus		State OH	Zip Code 43215	Form(Cash,Check,etc)			
				Check			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

* 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 \$ 3,125.00