

## Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Serrott for Judge Committee</b>					
Full Name of Contributor <b>Mitch Alter/Larry Riehl</b>				Registration Number, if PAC	
Street Address <b>500 S Front St</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	<b>0</b>	<b>8</b>	<b>1110</b>
			Form(Cash,Check,etc) <b>Check</b>		Amount <b>500.00</b>
Full Name of Contributor <b>Tim Van Eman/Tom Trimble</b>				Registration Number, if PAC	
Street Address <b>500 S Front St</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	<b>0</b>	<b>8</b>	<b>1110</b>
			Form(Cash,Check,etc) <b>Check</b>		Amount <b>500.00</b>
Full Name of Contributor <b>Ross &amp; Midian</b>				Registration Number, if PAC	
Street Address <b>133 E Livingston Ave</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	<b>0</b>	<b>8</b>	<b>1110</b>
			Form(Cash,Check,etc) <b>Check</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Tom Hayes</b>				Registration Number, if PAC	
Street Address <b>65 E Livingston Ave</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>	<b>0</b>	<b>8</b>	<b>1110</b>
			Form(Cash,Check,etc) <b>Check</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Larry Levinson</b>				Registration Number, if PAC	
Street Address <b>4568 Neiswander Ave</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>	<b>0</b>	<b>8</b>	<b>1110</b>
			Form(Cash,Check,etc) <b>Check</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Nan Leiner</b>				Registration Number, if PAC	
Street Address <b>6450 Evans Rd</b>	Employer/Occupation/Labor Organization*		M	D	Y
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43051</b>	<b>0</b>	<b>8</b>	<b>1110</b>
			Form(Cash,Check,etc) <b>Cash</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Anonymous</b>				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	<b>0</b>	<b>8</b>	<b>1110</b>
			Form(Cash,Check,etc) <b>Cash</b>		Amount <b>100.00</b>

\* 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 \$ 2,100.00