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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 <b>Serrott for Judge Committee</b>					
Full Name of Contributor <b>Steve Lanson</b>				Registration Number, if PAC	
Street Address <b>4907 Smoke Talk Ln</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Worthington</b>	State <b>O H</b>	Zip Code <b>43081</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>150.00</b>
Full Name of Contributor <b>Bonnie Fox</b>				Registration Number, if PAC	
Street Address <b>233 N Bend Dr</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Pataskala</b>	State <b>O H</b>	Zip Code <b>43062</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>200.00</b>
Full Name of Contributor <b>Sab Law Office</b>				Registration Number, if PAC	
Street Address <b>326 S High St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>75.00</b>
Full Name of Contributor <b>HR Hollenbaugh</b>				Registration Number, if PAC	
Street Address <b>8549 Glenalmond Ct</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Dublin</b>	State <b>O H</b>	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>75.00</b>
Full Name of Contributor <b>Jeff Mackey</b>				Registration Number, if PAC	
Street Address <b>1538 Melrose Ave</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43224</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>75.00</b>
Full Name of Contributor <b>Bill Loveland</b>				Registration Number, if PAC	
Street Address <b>2039 Coventry Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43212</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>75.00</b>
Full Name of Contributor <b>Lori Tyack</b>				Registration Number, if PAC	
Street Address <b>4080 Chelsea Brill</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Gahanna</b>	State <b>O H</b>	Zip Code <b>43230</b>	Form(Cash,Check,etc) <b>Check</b>		Amount <b>75.00</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 \$ 725.00