

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 Mike Boren				Registration Number, if PAC	
Street Address 12100 Tollgate Ct	Employer/Occupation/Labor Organization*			M 1	D 0
City Columbus	State O	Zip Code 43147	Y 1	Amount 100.00	
				Form (Cash, Check, etc) Cash	
Full Name of Contributor Darren Leist					
Street Address 130 E. Chesnut #302				Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M 1	D 0	
City Columbus	State O	Zip Code 43215	Y 1	Amount 100.00	
				Form (Cash, Check, etc) Cash	
Full Name of Contributor Paul Morrison					
Street Address 3055 Cleveland Ave				Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M 1	D 0	
City Columbus	State O	Zip Code 43224	Y 1	Amount 40.00	
				Form (Cash, Check, etc) Cash	
Full Name of Contributor Sean Boyle					
Street Address 336 S. High Street				Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M 1	D 0	
City Columbus	State O	Zip Code 43215	Y 1	Amount 75.00	
				Form (Cash, Check, etc) Cash	
Full Name of Contributor Rick Ketcham					
Street Address 755 S. High Street				Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M 1	D 0	
City Columbus	State O	Zip Code 43215	Y 1	Amount 70.00	
				Form (Cash, Check, etc) Cash	
Full Name of Contributor Anonymus					
Street Address				Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M 1	D 0	
City Columbus	State O	Zip Code	Y 1	Amount 50.00	
				Form (Cash, Check, etc) Cash	
Full Name of Contributor Zach Olah					
Street Address 373 S. High Street				Registration Number, if PAC	
Employer/Occupation/Labor Organization*			M 1	D 0	
City Columbus	State O	Zip Code 43215	Y 1	Amount 40.00	
				Form (Cash, Check, etc) Cash	

* 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

Page Total \$ 475.00