31-E R.C. 3517.10(B)

Event Date	9/24
Page	25

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Sec	cretary of State 3/05					
Name of Committee in Full							
Serrott for Judge Committee			16.		l icn.		
full Name of Contributor			Registra	tion Num	ber, if PA	C	
Schottenstein	<u> </u>		1	<u> </u>		r	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y	Amount	050.00
250 West St			0 9				250.00
City	State	Zip Code		ash,Checl		Υ *	
Columbus	<u> </u>	43215		Chec.			
full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Nodine Miller	, , ,		1,,	1 5	T	<u> </u>	
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	100.00
3148 Elbern Ave		lu a i	0 9	24 ash,Chec	1 0		100.00
City	State	Zip Code				5 A 15	
Columbus	<u> </u>	43209		Chec		2	· •
full Name of Contributor			Registra	tion Nur	ber, if PA	i.C	
Ibew Cope			 ,		I v	I	
Street Address	Employer/Occup	ation/Labor Organization*	M	D	Y	Amount	1 000 00
900 7th St		lar o i	0 9	2 4	1 0		1,000.00
City	State	Zip Code		ash,Checl			
Washington		2001		Check Registration Number, if PAC			-, -
Full Name of Contributor			Registra	ilion Nun	iber, il PA	ic.	
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount	
City	State	Zip Code	Form(C	ash Chec	k,etc)	**	
ony .	1						
Full Name of Contributor	<u> </u>		Registra	tion Nun	nber, if PA	C	
	Elawar/Oanar	antia-O-lane O-maniuntia-*	M	M D Y Amount			
Street Address	EmployenOccup	oation/Labor Organization*	NI NI	"	1 1	Altiount	
City	State	Zip Code	Form(C	ash,Chec	k,etc)	1.2	4 5
	Ì	1				¥	
Full Name of Contributor	<u></u>		Registration Number, if PAC				
		<u></u>					
Street Address	Employer/Occup	nation/Labor Organization*	М	D	Y	Amount	
		Jan a l	- 10	1		<u> </u>	
City	State	Zip Code	Form(C	ash,Chec	k,etc)	,	
Full Name of Contributor		<u> </u>	Registra	ation Nur	ber, if PA		
an ivage of Controller	•		1		, ,		
Street Address	Employer/Occup	oation/Labor Organization*	М	D	Y	Amount	
	[- 1	1	1	1	
City	State	Zip Code	Form(C	ash,Chec	k,etc)	₹ •	8
		1				ı	
			-		-		
quired for contributions from individuals over \$100 to statewide							
idual's business, if any, rather than employer should be listed. If							

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. It 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 \$1,350.00_