

Event Date	10/17
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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</b>				
Full Name of Contributor <b>Terri Jamison</b>			Registration Number, if PAC	
Street Address <b>7617 Schneider waw</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   1   7   1   0</b>	Amount <b>100.00</b>
City <b>Dublin</b>	State <b>O   H</b>	Zip Code <b>43017</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Erik Henry</b>			Registration Number, if PAC	
Street Address <b>280 N. High Street #1300</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   1   7   1   0</b>	Amount <b>35.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Diane Menashe</b>			Registration Number, if PAC	
Street Address <b>536 S. Wall Street #300</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   1   7   1   0</b>	Amount <b>70.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Dave Rieser</b>			Registration Number, if PAC	
Street Address <b>844 S. Front Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   1   7   1   0</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43206</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Robert Barnhart</b>			Registration Number, if PAC	
Street Address <b>150 E. Mount Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   1   7   1   0</b>	Amount <b>35.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Ross &amp; Midian LLC</b>			Registration Number, if PAC	
Street Address <b>133 E. Livingston Ave</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   1   7   1   0</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</b>	
Full Name of Contributor <b>Carpenter and Lipps</b>			Registration Number, if PAC	
Street Address <b>280 N. High Street</b>	Employer/Occupation/Labor Organization*		M   D   Y <b>1   0   1   7   1   0</b>	Amount <b>100.00</b>
City <b>Columbus</b>	State <b>O   H</b>	Zip Code <b>43215</b>	Form(Cash,Check,etc) <b>Check</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

3,165.00
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Total expenditures this event

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Page Total \$ 540.00