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|------------|------|
| Event Date | 8/11 |
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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<br><b>Serrott for Judge Committee</b> |  |   |                          |                                      |   |   |        |
| Full Name of Contributor<br><b>Steven Mathless</b>              |  |   |                          | Registration Number, if PAC          |   |   |        |
| Street Address<br><b>150 E Mound St</b>                         |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y | Amount |
|   |  |   |                          | 0                                    | 8 | 1 | 75.00  |
| City<br><b>Columbus</b>   |  | State<br><b>OH</b>                      | Zip Code<br><b>43215</b> | Form(Cash,Check,etc)<br><b>Check</b> |   |   |        |
| Full Name of Contributor<br><b>Laura Fuller</b>                 |  |   |                          | Registration Number, if PAC          |   |   |        |
| Street Address<br><b>1218 Auburn Ct</b>                         |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y | Amount |
|   |  |   |                          | 0                                    | 8 | 1 | 50.00  |
| City<br><b>Powell</b>   |  | State<br><b>OH</b>                      | Zip Code<br><b>43065</b> | Form(Cash,Check,etc)<br><b>Cash</b>  |   |   |        |
| Full Name of Contributor<br><b>Kathy Koch</b>                   |  |   |                          | Registration Number, if PAC          |   |   |        |
| Street Address<br><b>35 E Livingston Ave</b>                    |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y | Amount |
|   |  |   |                          | 0                                    | 8 | 1 | 100.00 |
| City<br><b>Columbus</b>   |  | State<br><b>OH</b>                      | Zip Code<br><b>43215</b> | Form(Cash,Check,etc)<br><b>Check</b> |   |   |        |
| Full Name of Contributor<br><b>Danny Cavdill</b>                |  |   |                          | Registration Number, if PAC          |   |   |        |
| Street Address<br><b>6422 Rossmore Ln</b>                       |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y | Amount |
|   |  |   |                          | 0                                    | 8 | 1 | 150.00 |
| City<br><b>Canal Winchester</b>                                 |  | State<br><b>OH</b>                      | Zip Code<br><b>43110</b> | Form(Cash,Check,etc)<br><b>Check</b> |   |   |        |
| Full Name of Contributor<br><b>Kevin Mulrane</b>                |  |   |                          | Registration Number, if PAC          |   |   |        |
| Street Address<br><b>1527 Doone Rd</b>                          |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y | Amount |
|   |  |   |                          | 0                                    | 8 | 1 | 75.00  |
| City<br><b>Columbus</b>   |  | State<br><b>OH</b>                      | Zip Code<br><b>43221</b> | Form(Cash,Check,etc)<br><b>Check</b> |   |   |        |
| Full Name of Contributor<br><b>Aaron C Firstenberger</b>        |  |   |                          | Registration Number, if PAC          |   |   |        |
| Street Address<br><b>575 S Third St</b>                         |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y | Amount |
|   |  |   |                          | 0                                    | 8 | 1 | 80.00  |
| City<br><b>Columbus</b>   |  | State<br><b>OH</b>                      | Zip Code<br><b>43215</b> | Form(Cash,Check,etc)<br><b>Cash</b>  |   |   |        |
| Full Name of Contributor<br><b>Robert Barnhart</b>              |  |   |                          | Registration Number, if PAC          |   |   |        |
| Street Address<br><b>150 Mound St #301</b>                      |  | Employer/Occupation/Labor Organization* |                          | M                                    | D | Y | Amount |
|   |  |   |                          | 0                                    | 8 | 1 | 75.00  |
| City<br><b>Columbus</b>   |  | State<br><b>OH</b>                      | Zip Code<br><b>43215</b> | Form(Cash,Check,etc)<br><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

Total expenditures this event

Page Total \$ 605.00