

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 Committee					
Full Name of Contributor Luttman & Heck				Registration Number, if PAC	
Street Address 580 E Rich St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Cash		Amount 250.00
Full Name of Contributor Donald Breckenridge				Registration Number, if PAC	
Street Address 3009 Columbus St #103	Employer/Occupation/Labor Organization*		M 0	D 8	Y 11
City Grove City	State OH	Zip Code 43123	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Ira Sully				Registration Number, if PAC	
Street Address 844 S Front St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Richard S Ketcham				Registration Number, if PAC	
Street Address 755 S High St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 11
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 75.00
Full Name of Contributor Karen Helo Phipps				Registration Number, if PAC	
Street Address 4333 Reed Rd	Employer/Occupation/Labor Organization*		M 0	D 8	Y 11
City Columbus	State OH	Zip Code 43220	Form(Cash,Check,etc) Check		Amount 100.00
Full Name of Contributor Scott & Nemann				Registration Number, if PAC	
Street Address 35 E Livingston Ave	Employer/Occupation/Labor Organization*		M 0	D 8	Y 11
City Columbus	State OH	Zip Code 43215	Form(Cash,Check,etc) Check		Amount 500.00
Full Name of Contributor Nathan Akamine				Registration Number, if PAC	
Street Address 844 S Front St	Employer/Occupation/Labor Organization*		M 0	D 8	Y 11
City Columbus	State OH	Zip Code 43206	Form(Cash,Check,etc) Check		Amount 150.00

* 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 \$ 1,225.00