

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 Michael Shawn Dingus				Registration Number, if PAC					
Street Address 213 Powhatan Ave		Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City Columbus		State OH	Zip Code 43204	1	2	0	50.00		
				Form(Cash, Check, etc) Check					
Full Name of Contributor Jeffrey M. Basnett									
Street Address 282 Woodland Ave				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43203	1	2	0	200.00		
				Form(Cash, Check, etc) Check					
Full Name of Contributor Dennis P. Evans									
Street Address 4006 Lyon Dr				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43220	1	2	0	100.00		
				Form(Cash, Check, etc) Check					
Full Name of Contributor William S. Friedman									
Street Address 76 Ashbourne Rd				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Bexley		State OH	Zip Code 43209	1	2	0	75.00		
				Form(Cash, Check, etc) Check					
Full Name of Contributor Janie D. Roberts									
Street Address 350 S. High St Suite 200				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43215	1	2	0	75.00		
				Form(Cash, Check, etc) Check					
Full Name of Contributor Linda Leah Reibel									
Street Address 39 Orchard Drive				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Worthington		State OH	Zip Code 43085	1	2	0	100.00		
				Form(Cash, Check, etc) Check					
Full Name of Contributor Frederick T. Moses									
Street Address 19538 Carroll Rd				Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Rockbridge		State OH	Zip Code 43149	1	2	0	150.00		
				Form(Cash, Check, etc) Check					

* 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 \$ 750.00