3	1-	E				
R	.C.	35	17.	10	(B)	

Event Date	2
Page	

Statement of Contributions Received at a Social or Fundraising Event

	Prescribed by Secr	retary of State 3/05		
Name of Committee in Full				
Serrott for Judge Committee				
Full Name of Contributor			Registration Number, if PAC	
George Luther				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
536 S High St			0 6 1 7 1 0	150.00
City		Zip Code	Form(Cash Check, etc)	
Columbus	ОН	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Joe Mas				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	150.00
330 S High St	State	Ti- Cada	0 6 1 7 1 0 Form(Cash,Check,etc)	150.00
city Columbus	_ 11	Zip Code 43215	Check	
Full Name of Contributor	ј () п	40410	Registration Number, if PAC	,
Bill Meeks			Registration Number, if FAC	
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
511 S High St	isinple) all otoupu	dois bacor organization	0 6 1 7 1 0	200.00
City	State	Zip Code	Form(Cash,Check,etc)	200.00
Columbus	lo H	43215	Check	
Full Name of Contributor			Registration Number, if PAC	er t
Jeff Moore				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
3265 High St			0 6 1 7 1 0	150.00
City	State	Zip Code	Form(Cash,Check,etc)	,
Columbus	O H	43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Mike Probst				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
459 Glenmont Ave			0 6 1 7 1 0	150.00
Calcurate	State	Zip Code	Form(Cash,Check,etc)	
Columbus Full Name of Contributor	O H	43214	Check	* * * * * * * * * * * * * * * * * * * *
			Registration Number, if PAC	
Dave Rieser Street Address	[E1(O	i	N I B I V I	
394 S Front St	r:mpioyer/Occupa	tion/Labor Organization*	M D Y Amount	150.00
City	State	Zip Code	0 6 1 7 1 0 Form(Cash,Check,etc)	150.00
Columbus	1	43206	Check	
Full Name of Contributor	1() n	43200	Registration Number, if PAC	· · · · · · · · · · · · · · · · · · ·
Paul Scott LLC				
Street Address	Employer/Occupa	tion/Labor Organization*	M D Y Amount	
536 S High St	' ' '	U	0 6 1 7 1 0	250.00
City	State	Zip Code	Form(Cash,Check,etc)	200.00
Columbus	I O H	43215	Check	
		· · · · · · · · · · · · · · · · · · ·		· ·
equired for contributions from individuals over \$100 to st	atewide and general assembly candid	ates. If contributor is self-em	ployed, the occupation and the name of the	:
vidual's business, if any, rather than employer should be I	isted. If two or more employees contr	ibute via payroll deduction a	nd exceed the aggregate of \$100, the labor	
nization of which the employees are members, if any, mu	ust 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

Total contributions this event	Total expenditures this event	
, i		Page Total \$ 1,200.00

indi org