Event Date	9/30
Page	2

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			The state of the s	·
Full Name of Contributor			Registration Number, if PAC	
Ira B Sully Street Address	Employer/Onnue	ntion/Lohor Organization#	M D Y Ar	nount
844 S Front St	Employer/Occupation/Labor Organization*		$\begin{bmatrix} 0 & 0 & 1 & 0 \\ 0 & 0 & 3 & 0 \end{bmatrix}$	100.00
City	State Zip Code		Form(Cash,Check,etc)	100.00
Columbus	I O I H	43206	Check	Rot of the
Full Name of Contributor	1, , , , , , , , , , , , , , , , , , ,		Registration Number, if PAC	
Matan, Wright & Noble				
Street Address	Employer/Occupation/Labor Organization*		1 1 1	nount
261 S Front St			0 9 3 0 1 0	100.00
City	State	Zip Code	Form(Cash,Check,etc)	
Columbus	\cap H	43215	Check	والمراجع أأفواك سأورين
Full Name of Contributor		•	Registration Number, if PAC	
Lee M Smith Street Address	E-malayar/Oamar	stian/Labor Ossanization#	M D Y Ar	nount
929 Harrison Ave Suite 300	Employer/Occupation/Labor Organization*		093010	100.00
City	State	Zip Code	Form(Cash,Check,etc)	100.00
Columbus	I O T H	43215	Check	a final and a second a second and a second a
Full Name of Contributor	1 () !	1	Registration Number, if PAC	
Zacks Law Group <u>LLC</u>				
Street Address	Employer/Occupation/Labor Organization*		M D Y Ar	nount
33 S James Rd			0 9 3 0 1 0	100.00
City	State	Zip Code	Form(Cash,Check,etc)	and a realist
Columbus	ОН	43213	Check	
Full Name of Contributor			Registration Number, if PAC	
Lance Thompson Street Address	Tr. 1. 76		N D V I	
	Employer/Occupation/Labor Organization*			nount 100.00
4285 Longview Dr	State	Zip Code	0 9 3 0 1 0 Form(Cash,Check,etc)	100.00
Columbus	O H	43214	Check	
Full Name of Contributor	[[] 11	132.14	Registration Number, if PAC	
Glenn P Willer				
Street Address	Employer/Occupation/Labor Organization*			nount
2537 Chester Rd			0 9 3 0 1 0	100.00
City	State	Zip Code	Form(Cash,Check,etc)	the said of
Upper Arlington	LO H	43221	Check :-	
Full Name of Contributor			Registration Number, if PAC	
William Anthony	Te			
Street Address	Employer/Occupation/Labor Organization*			nount 100 00
2916 Dover Rd	State	Zip Code	0 9 3 0 1 0 Form(Cash, Check, etc)	100.00
Columbus	O H	43209	Check	
Columbus	() 11	1 13407	CHECK	

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	
Total controlled and even	7000 04900000000000000000000000000000000	Page Total \$ 700.00
	{	/\AJ.(\alpha)
		

^{*} 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)]