

Event Date	9/30
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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 Serrott for Judge Committee					
Full Name of Contributor Ira B Sully				Registration Number, if PAC	
Street Address 844 S Front St		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43206	Y	Amount 100.00
				Form(Cash, Check, etc) Check	
Full Name of Contributor Matan, Wright & Noble					
Street Address 261 S Front St		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43215	Y	Amount 100.00
				Form(Cash, Check, etc) Check	
Full Name of Contributor Lee M Smith					
Street Address 929 Harrison Ave Suite 300		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43215	Y	Amount 100.00
				Form(Cash, Check, etc) Check	
Full Name of Contributor Zacks Law Group LLC					
Street Address 33 S James Rd		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43213	Y	Amount 100.00
				Form(Cash, Check, etc) Check	
Full Name of Contributor Lance Thompson					
Street Address 4285 Longview Dr		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43214	Y	Amount 100.00
				Form(Cash, Check, etc) Check	
Full Name of Contributor Glenn P Willer					
Street Address 2537 Chester Rd		Employer/Occupation/Labor Organization*		M	D
City Upper Arlington		State OH	Zip Code 43221	Y	Amount 100.00
				Form(Cash, Check, etc) Check	
Full Name of Contributor William Anthonv					
Street Address 2916 Dover Rd		Employer/Occupation/Labor Organization*		M	D
City Columbus		State OH	Zip Code 43209	Y	Amount 100.00
				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 \$ 700.00