

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Serrott For Judge Committee					
Full Name of Contributor			Registration Number, if PAC		
Lee M. Smith					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
929 Harrison Avenue	attorney	1	2	0315	\$100
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
Michael L Silberstein					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1043 Fountain LN	attorney	1	2	0315	\$100
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43213	check		
Full Name of Contributor			Registration Number, if PAC		
Jennifer M. Brown					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
968 Euclidean Ave.	attorney	1	2	0215	\$100
City	State	Zip Code	Form (Cash, Check, etc.)		
Bexley	OH	43209	check		
Full Name of Contributor			Registration Number, if PAC		
Mahey Lewis					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
4474 Summit Ridge DR	attorney	1	2	0315	\$100
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43220	check		
Full Name of Contributor			Registration Number, if PAC		
Marty Anderson					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3404 River Seine ST	attorney	1	2	0315	\$50
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43221	check		
Full Name of Contributor			Registration Number, if PAC		
Joe MAS Joe MAS					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
330 South ST	attorney	1	2	0215	\$100
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
Michael R Rankin					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
2432 Wyncourtney Ct	attorney	1	2	0315	\$100
City	State	Zip Code	Form (Cash, Check, etc.)		
Powell	OH	43065	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 also 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

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Total expenditures this event.

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Page Total \$ 650