

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 Janie D. Roberts				Registration Number, if PAC			
Street Address 350 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 5	Y 2	Amount 50.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor J. Scott Weisman				Registration Number, if PAC			
Street Address 601 S. High Street, 1st Floor		Employer/Occupation/Labor Organization*		M 0	D 5	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor John Fitch				Registration Number, if PAC			
Street Address 4200 Regent Street, Suite 200		Employer/Occupation/Labor Organization*		M 0	D 5	Y 2	Amount 150.00
City Columbus	State O H	Zip Code 43219		Form(Cash,Check,etc) Check			
Full Name of Contributor Philip B. Kaufman Esq				Registration Number, if PAC			
Street Address 341 South 3rd Street, Suite 300		Employer/Occupation/Labor Organization*		M 0	D 5	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Jeffrey A. Brown				Registration Number, if PAC			
Street Address 580 S. High Street		Employer/Occupation/Labor Organization*		M 0	D 5	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Michael J. Delligatti				Registration Number, if PAC			
Street Address 500 S. Front Street, Suite 1150		Employer/Occupation/Labor Organization*		M 0	D 5	Y 2	Amount 100.00
City Columbus	State O H	Zip Code 43215		Form(Cash,Check,etc) Check			
Full Name of Contributor Danielle Erb				Registration Number, if PAC			
Street Address PO Box 692		Employer/Occupation/Labor Organization*		M 0	D 5	Y 2	Amount 50.00
City Hilliard	State O H	Zip Code 43206		Form(Cash,Check,etc) Check			

Total contributions this event

Total expenditures this event

Page Total \$ **650.00**