

Event Date	8/11
Page	6

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 Michael Probst			Registration Number, if PAC	
Street Address 459 Glenmont Ave	Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 0	Amount 150.00
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check	
Full Name of Contributor Tunney Lee King			Registration Number, if PAC	
Street Address 380 S Fifth	Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 0	Amount 75.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Mark Collins Attorney LLC			Registration Number, if PAC	
Street Address 492 S. High Street	Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 0	Amount 1,000.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Mike Delligatti Attorney			Registration Number, if PAC	
Street Address 500 S Front St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 0	Amount 150.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Harvey Samuels Attorney			Registration Number, if PAC	
Street Address 500 S Front St	Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 0	Amount 175.00
City Columbus	State O H	Zip Code 43215	Form(Cash,Check,etc) Check	
Full Name of Contributor Janet Grubb, Esq			Registration Number, if PAC	
Street Address 4062 Georgesville Rd	Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 0	Amount 250.00
City Columbus	State O H	Zip Code 43123	Form(Cash,Check,etc) Check	
Full Name of Contributor Scott Weisman, Esq			Registration Number, if PAC	
Street Address 601 S High	Employer/Occupation/Labor Organization*		M D Y 0 8 1 1 1 0	Amount 250.00
City Columbus	State O H	Zip Code 43215	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 \$ **2,050.00**