31-E R.C. 3517.10(B)

Event Date	05 20 10
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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			Registration Number, if PAC	
Solve and McCormick				
Street Address	Employer/Occupation/La	bor Organization*	M D Y Amount	
79 Thurman Ave			0 5 2 0 1 0	200.00
ity	State Zip C	ode	Form(Cash,Check,etc)	
Columbus	OH	43206	Check	
Full Name of Contributor			Registration Number, if PAC	
Connor, Evans & Hafenstein LLI	3			
Street Address	Employer/Occupation/La	bor Organization*	M D Y Amount	
		0	0 5 2 0 1 0	100.00
501 S. High Street	State Zip C	ode	Form(Cash,Check,etc)	200.00
City Carlon Marca		43215	Check	
Columbus		4041 0	Registration Number, if PAC	
Full Name of Contributor			Registration Nambes, in 1710	
Suzanne E. Kelly	10 10 10 10 10 10 10 10 10 10 10 10 10 1	10	M D Y Amount	***************************************
Street Address	Employer/Occupation/La	nor Organization*		100.00
752 North State Street #193			052010	100.00
City	State Zip C		Form(Cash,Check,etc)	
Westerville	OH	43082	Check	
Full Name of Contributor			Registration Number, if PAC	
Babbitt & Weis				
Street Address	Employer/Occupation/La	abor Organization*	M. D Y Amount	
503 S. Front Street, Suite 200			0 5 2 0 1 0	100.00
City	State Zip C	ode	Form(Cash,Check,etc)	
Columbus	OH		Check	
Full Name of Contributor			Registration Number, if PAC	
Jon M. Cope				
Street Address	Employer/Occupation/La	abor Organization*	M D Y Amount	
3600 Olentangy River Road			0 5 2 0 1 0	100.00
City	State Zip C	ode.	Form(Cash,Check,etc)	
Columbus	ОН	43214	Check	
Full Name of Contributor		".X. V. A. W. X. X.	Registration Number, if PAC	
	Good Gov't Fund (OH843)			
Chester, Willcox & Saxbe	Employer/Occupation/L:	abor Organization*	M D Y Amount	
Street Address	Employer/Occapation/E	aboi Organization		200.00
65 E. State Street, Suite 100	6	2. 3.	0 5 2 0 1 0	4.00.00
City	State Zip C		Form(Cash,Check,etc)	
Columbus		43215	Check	
Full Name of Contributor			Registration Number, if PAC	
Jon J. Saia				
Street Address	Employer/Occupation/L	abor Organization*	M D Y Amount	
713 S. Front Street			0 5 2 0 1 0	100.00
City	State Zip C	Code	Form(Cash,Check,etc)	
Columbus	ОН	43206	Check	
Total contributions this event	Total expenditures this event			
			Page Total \$	900.00
			*	
			<u> </u>	