

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 0	D 8	Y 1 1 1 0
City Columbus	State O H	Zip Code 43214	Form(Cash,Check,etc) Check		
Amount 150.00					
Full Name of Contributor Tunney Lee King					
Street Address 380 S Fifth				Employer/Occupation/Labor Organization*	
City Columbus	State O H	Zip Code 43215	M 0	D 8	Y 1 1 1 0
Form(Cash,Check,etc) Check			Amount 75.00		
Full Name of Contributor Mark Collins Attorney LLC					
Street Address 492 S. HIGH ST., 3rd Floor				Employer/Occupation/Labor Organization*	
City COLUMBUS	State O H	Zip Code 43215	M 0	D 8	Y 1 1 1 0
Form(Cash,Check,etc) Check			Amount 1,000.00		
Full Name of Contributor Mike Delligatti Attorney					
Street Address 500 S Front St				Employer/Occupation/Labor Organization*	
City Columbus	State O H	Zip Code 43215	M 0	D 8	Y 1 1 1 0
Form(Cash,Check,etc) Check			Amount 150.00		
Full Name of Contributor Harvey Samuels Attorney					
Street Address 500 S Front St				Employer/Occupation/Labor Organization*	
City Columbus	State O H	Zip Code 43215	M 0	D 8	Y 1 1 1 0
Form(Cash,Check,etc) Check			Amount 175.00		
Full Name of Contributor Janet Grubb, Esq					
Street Address 4062 Georgesville Rd				Employer/Occupation/Labor Organization*	
City Columbus	State O H	Zip Code 43123	M 0	D 8	Y 1 1 1 0
Form(Cash,Check,etc) Check			Amount 250.00		
Full Name of Contributor Scott Weisman, Esq					
Street Address 601 S High				Employer/Occupation/Labor Organization*	
City Columbus	State O H	Zip Code 43215	M 0	D 8	Y 1 1 1 0
Form(Cash,Check,etc) Check			Amount 250.00		

* 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