

# 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		
Gregg D. Slemmer					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
1188 S. High St.	attorney	1	2	0215	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43206	check		
Full Name of Contributor			Registration Number, if PAC		
Gerald T. Sunbury					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
250 Civic Center Dr	attorney	1	2	0415	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
Kemp, Schaeffer & Rowe CO. LPA					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
88 West Mound Street	attorney	1	2	0315	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
<del>MARK HUMMER</del> MARK HUMMER					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
375 S. High St	JUDGE	1	2	0315	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Cols	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
Krawitz, Brown, Dortch, LLC					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
65 East State Street	attorney	1	2	0315	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
Richard S. Donahay					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
445 S High St Suite 360	attorney	1	2	0315	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
Lelil & Geiser LLC					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
445 South High St Suite 400	attorney	1	2	0215	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	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 \$ 1,750