31-E R.C. 3517.10(B)

Event Date	04 27 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							
Tull Name of Contributor Laborer's International Union of North America Local 423 PCE			Registration Number, if PAC				
			<u> </u>	V Amount			
Street Address 620 Alum Creek Drive	Employer/Occupation/Labor	Organization*	$\begin{bmatrix} \mathbf{M} & \mathbf{D} \\ 0 & 4 & 2 & 7 \end{bmatrix}$	Y Amount	3,000.00		
	State Zip Code		0 4 2 7 Form(Cash,Check,et		3,000.00		
city Columbus	O H	43215	Check	(c)			
Full Name of Contributor			Registration Numbe	r. if PAC			
Mary Seipel					No constant		
Street Address	Employer/Occupation/Labor	Organization*	M D	Y Amount			
3553 Mark Twain Ct			0 4 2 7	1 0	50.00		
City	State Zip Code		Form(Cash,Check,e				
Hilliard	OH	43206	Check				
Full Name of Contributor			Registration Numbe	r, if PAC			
Michael C. Allbritain							
Street Address	Employer/Occupation/Labor	Organization*	M D	Y Amount			
1866 Northwest Blvd Apt A			0 4 2 7	1 0	25.00		
City	State Zip Code		Form(Cash,Check,e	tc)			
Columbus	OH	43212	Check				
Full Name of Contributor			Registration Numbe	er, if PAC			
Michael Shawn Dingus							
Street Address	Employer/Occupation/Labor	Organization*	M D	Y Amount			
213 Powhatan Ave				1 0	50.00		
City	State Zip Code		Form(Cash,Check,e				
Columbus		43204	Check				
Full Name of Contributor			Registration Number	er, if PAC			
Jeffrey D. Mackey							
Street Address	Employer/Occupation/Labor	Organization*	M D	Y Amount	E0.00		
1538 Melrose Ave	G. 4. [7: 0-1.			10	50.00		
City	State Zip Code	43224	Form(Cash,Check,c				
Columbus Full Name of Contributor		S. S. hu hai B	Registration Number				
Janet Grubb				.,			
Street Address	Employer/Occupation/Labor	Organization*	M D	Y Amount			
4062 Wrightsville Rd		_	0 4 2 7	10	50.00		
City	State Zip Code		Form(Cash,Check,e				
Grove City	OH	43123	Check				
Full Name of Contributor			Registration Number	er, if PAC			
Sauer & Associates							
Street Address	Employer/Occupation/Labor	Organization*	M D	Y Amount			
PO Box 09051			0 4 2 7	1 0	75.00		
City	State Zip Code		Form(Cash,Check,e	etc)			
Columbus	OH	43209	Check				
Total contributions this event	Total expenditures this event			Page Total \$	o onn nn		
		Name and the second sec			3,300.00		
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