

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	
Harvey M. Samuels					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
500 South Front ST.	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	
Michael J. Delligatti					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
500 S. Front 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	
David H. Thomas					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
3010 Shadywood RD	attorney	1	2	0315	\$250
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43221		check	
Full Name of Contributor				Registration Number, if PAC	
Cynthia L. Mushpash					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
437 Clairmont RD	attorney	1	2	0315	\$250
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43220		check	
Full Name of Contributor				Registration Number, if PAC	
Dennis G. Day					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
330 South High ST	attorney	1	2	0315	\$150
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43215		check	
Full Name of Contributor				Registration Number, if PAC	
Otto Beatty JR.					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
233 S High ST	attorney	1	2	0315	\$150
City	State	Zip Code		Form (Cash, Check, etc.)	
Columbus	OH	43215		check	
Full Name of Contributor				Registration Number, if PAC	
Janie D. Roberts					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
155 W. Main ST	attorney	1	2	0315	\$150
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 \$ 1,450