

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 Ann Riehl				Registration Number, if PAC			
Street Address 2197 Picket Post Lane		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus		State O H	Zip Code 43220	Form(Cash,Check,etc) Cash			
Full Name of Contributor Don Shartzter				Registration Number, if PAC			
Street Address 587 East Royal Forest		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 100.00
City Columbus		State O H	Zip Code 43214	Form(Cash,Check,etc) Cash			
Full Name of Contributor Scott Weisman				Registration Number, if PAC			
Street Address 601 South High Street, 1st Floor		Employer/Occupation/Labor Organization*		M 0	D 4	Y 2	Amount 200.00
City Columbus		State O H	Zip Code 43215	Form(Cash,Check,etc) Cash			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code	Form(Cash,Check,etc)			

Total contributions this event

Total expenditures this event

Page Total \$ **400.00**