

Event Date 12/9

Page \_\_\_\_\_

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full <b>Serrott for Judge</b>							
Full Name of Contributor <b>Blaise Baker</b>				Registration Number, if PAC			
Street Address <b>600 S. High Street, Suite 201</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	200.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Abe Bahgat</b>				Registration Number, if PAC			
Street Address <b>3784 Chevington Rd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	100.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43220</b>	Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Nancy K. Wonnell</b>				Registration Number, if PAC			
Street Address <b>330 S. High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	100.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Harris, McClellan, Binau &amp; Cox P.L.L.</b>				Registration Number, if PAC			
Street Address <b>37 W. Broad Street, Suite 950</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	100.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Chester, Willcox, &amp; Saxbe</b>				Registration Number, if PAC <b>OH843</b>			
Street Address <b>65 E. State Street, Suite 1000</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	450.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Joseph L. Mas</b>				Registration Number, if PAC			
Street Address <b>330 S. High Street</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	100.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc) <b>Check</b>			
Full Name of Contributor <b>Peggy Baker</b>				Registration Number, if PAC			
Street Address <b>277 Brevoort Rd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	350.00
City <b>Columbus</b>		State <b>O</b>	Zip Code <b>43214</b>	Form (Cash, Check, etc) <b>Check</b>			

\* 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 \$ 1,400.00