

6/23/16

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Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Serratt For Judge				
Full Name of Contributor MADISON & ROSAN		Registration Number, if PAC		
Street Address 52 Whittier	Employer/Occupation/Labor Organization* LAW FIRM	M 06	D 23	Y 16
City Colo	State CO	Zip Code 80501	Amount 250 ⁰⁰	
Full Name of Contributor FRED SEWARDS		Registration Number, if PAC		
Street Address 300 E Broad	Employer/Occupation/Labor Organization* Attorney	M 06	D 23	Y 16
City Colo	State OH	Zip Code 43215	Amount 150 ⁰⁰	
Full Name of Contributor ONDA, RANKIN & Boggs		Registration Number, if PAC		
Street Address 35 N. 4th St	Employer/Occupation/Labor Organization* LAW FIRM	M 06	D 23	Y 16
City Colo	State OH	Zip Code 43215	Amount 250 ⁰⁰	
Full Name of Contributor BILL PORTER		Registration Number, if PAC		
Street Address 52 E GAY ST	Employer/Occupation/Labor Organization* Lawyer	M 06	D 23	Y 16
City Colo	State CO	Zip Code 80501	Amount 250 ⁰⁰	
Full Name of Contributor Tom Long BAKER FIRM		Registration Number, if PAC		
Street Address 65 E State St	Employer/Occupation/Labor Organization* LAW FIRM	M 06	D 23	Y 16
City Colo	State CO	Zip Code 80501	Amount 150 ⁰⁰	
Full Name of Contributor BOB KINKAID BAKER		Registration Number, if PAC		
Street Address 65 E State St	Employer/Occupation/Labor Organization* LAW FIRM	M 06	D 23	Y 16
City Colo	State CO	Zip Code 80501	Amount 150 ⁰⁰	
Full Name of Contributor Colley & Shroyer		Registration Number, if PAC		
Street Address 536 S High	Employer/Occupation/Labor Organization* LAW FIRM	M 06	D 23	Y 16
City Colo	State CO	Zip Code 80501	Amount 150 ⁰⁰	

* 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 \$ 1350