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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 <b>Serrott for Judge Committee</b>					
Full Name of Contributor <b>Bob Sauter</b>				Registration Number, if PAC	
Street Address <b>255 E Broad St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc) <b>Check</b>		Amount <b>75.00</b>
Full Name of Contributor <b>Ruth Rankin</b>				Registration Number, if PAC	
Street Address <b>2432 Wyncourtney Ct</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Powell</b>	State <b>O H</b>	Zip Code <b>43065</b>	Form (Cash, Check, etc) <b>Check</b>		Amount <b>75.00</b>
Full Name of Contributor <b>Javier Armengau</b>				Registration Number, if PAC	
Street Address <b>857 S High St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43206</b>	Form (Cash, Check, etc) <b>Check</b>		Amount <b>250.00</b>
Full Name of Contributor <b>Blaise Baker</b>				Registration Number, if PAC	
Street Address <b>600 S High St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43215</b>	Form (Cash, Check, etc) <b>Check</b>		Amount <b>150.00</b>
Full Name of Contributor <b>Kirk McVay</b>				Registration Number, if PAC	
Street Address <b>755 S High St</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43206</b>	Form (Cash, Check, etc) <b>Check</b>		Amount <b>100.00</b>
Full Name of Contributor <b>Wes Newhouse</b>				Registration Number, if PAC	
Street Address <b>5025 Arlington Center</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Columbus</b>	State <b>O H</b>	Zip Code <b>43220</b>	Form (Cash, Check, etc) <b>Check</b>		Amount <b>150.00</b>
Full Name of Contributor <b>Rav Mularski</b>				Registration Number, if PAC	
Street Address <b>107 W Johnstown Rd</b>	Employer/Occupation/Labor Organization*		M <b>0</b>	D <b>9</b>	Y <b>24</b>
City <b>Gahanna</b>	State <b>O H</b>	Zip Code <b>43230</b>	Form (Cash, Check, etc) <b>Check</b>		Amount <b>150.00</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 \$ 950.00