

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	
John K. Fitch					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
580 S. High 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	
Todd W. Barstow					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
538 S Yearling Rd	attorney	1	2	0315	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43213	check		
Full Name of Contributor				Registration Number, if PAC	
Plymate & Dingus					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
250 CIVIL Center Dr	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	
Brunner Quinn					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
35 North Fourth 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	
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.)		

* 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

--	--

Total expenditures this event.

--	--

Page Total \$

1000