

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				
Full Name of Contributor Chuck Bluestone			Registration Number, if PAC	
Street Address 141 E TOWN ST	Employer/Occupation/Labor Organization* Attng		M 06	D 23
City Colg.	State OH	Zip Code 43215	Y 16	Amount 50⁰⁰
Form (Cash, Check, etc.) C				
Full Name of Contributor STEVE LARSON LAW LLC			Registration Number, if PAC	
Street Address 283 S. THIRD ST	Employer/Occupation/Labor Organization* FIRM/Attng		M 06	D 23
City Colg.	State OH	Zip Code 43215	Y 16	Amount 1000⁰⁰
Form (Cash, Check, etc.) C				
Full Name of Contributor CHUCK POSTLEWAITE			Registration Number, if PAC	
Street Address 3040 RIVERSIDE DR	Employer/Occupation/Labor Organization* Attng		M 06	D 23
City Colg.	State OH	Zip Code 43221	Y 16	Amount 250⁰⁰
Form (Cash, Check, etc.) C				
Full Name of Contributor HARRIS & BINAVA LLC			Registration Number, if PAC	
Street Address 37 W BROAD ST	Employer/Occupation/Labor Organization* FIRM		M 06	D 23
City Colg.	State OH	Zip Code 43215	Y 16	Amount 150⁰⁰
Form (Cash, Check, etc.) C				
Full Name of Contributor ANSPACH & MECKS			Registration Number, if PAC	
Street Address 2 MIKANOWA	Employer/Occupation/Labor Organization* LAW FIRM		M 06	D 23
City Colg.	State OH	Zip Code 43215	Y 16	Amount 150⁰⁰
Form (Cash, Check, etc.) C				
Full Name of Contributor RAY CRITCHETT			Registration Number, if PAC	
Street Address 681 S Front	Employer/Occupation/Labor Organization* Attng		M 06	D 23
City Colg.	State OH	Zip Code 43206	Y 16	Amount 150⁰⁰
Form (Cash, Check, etc.) C				
Full Name of Contributor BRICKEN & ECKLEN			Registration Number, if PAC	
Street Address 100 S. 3d	Employer/Occupation/Labor Organization* LAW FIRM		M 06	D 23
City Colg.	State OH	Zip Code 43215	Y 16	Amount 150⁰⁰
Form (Cash, Check, etc.) C				

* 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 \$ **1900**