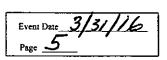
31-E R.C. 3517.10(B)

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



Pr	escribed by Secretary of	State 03/05		
Name of Committee in Full SERROTT FOR JUDGE				
Full Name of Contributor In A Sully			Registration Number, if P.	AC .
Street Address 844 S. Front St.	Employer/Occupation/	Labor Organization*	033/16	Amount 80
City Co/5	OH Z	19 Code 3206	Form (Cash, Check, etc.)	
Full Name of Contributor Abc BAHGAT Registration Number, if PAC				
Street Address 338 S. HiGH ST	Employer/Occupation/	Labor Organization*	733116	Amount #
Co15	Sta te Z	4 3215	Form (Cash, Check, etc.)	
Full Name of Contributor Jeff LISTON			Registration Number, if P.	
Street Address 536 5, High St	Employer/Occeptation/	WT C	03314	Amount 42 /00
City CD/5	Sta te Z	43215	Form (Cash Check, etc.)	
Full Name of Contributor MANK CollINS			Registration Number, if P.	AC
Street Address 492 5, High H	Employer/Occupation	thry ,	OBBILLA	Amount po
City Co. 15	OH Z	43215	Form (Cash Check, etc.)	
Full Name of Contributor, 13Ailey CAvalieri L	ic '		Registration Number, if P.	
Street Address 10 W BROAD St + 2100		FIRM	033116	Amount 1000
City (2)15	Sta te Z	43215	Form (Cash, Check, etc.)	
Full Name of Contributor Toe N16H	,		Registration Number, if P.	
Street Address 536 5 High H	Employer/Occupation/	thris	C33/1	Amount a
<u>Cols</u>	Sta te Z	ip Code 432/5	Form (Cash, Check, etc.)	
Full Name of Contributor ROGER KOCCK			Registration Number, if P.	
Street Address 6257 EMBERUDON	Employer/Occupation/	TOM	033/16	100 °
City DUBLIN RD	04	43017	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				

in the date column				
Total contributions this event	Total expenditures this event.			

Page Total \$ 1,600