

Event Date	10/24
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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</b>							
Full Name of Contributor <b>Eugene McShane</b>				Registration Number, if PAC			
Street Address <b>1243 Glenn Ave</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	100.00
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43212</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Neal Barkan</b>				Registration Number, if PAC			
Street Address <b>405 Westland Ave</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	100.00
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Brian Leis</b>				Registration Number, if PAC			
Street Address <b>1771 Bryden Rd</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	35.00
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43205</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>David Bolon</b>				Registration Number, if PAC			
Street Address <b>200 S. Drexel</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	250.00
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43209</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>TJ Iedinak</b>				Registration Number, if PAC			
Street Address <b>1873 Lake Shore</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	250.00
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43204</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>Angela Bosworth</b>				Registration Number, if PAC			
Street Address <b>845 N. High #405</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	100.00
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43215</b>		Form(Cash,Check,etc) <b>Check</b>			
Full Name of Contributor <b>David Barber</b>				Registration Number, if PAC			
Street Address <b>964 Neil Ave</b>		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	2	100.00
City <b>Columbus</b>	State <b>OH</b>	Zip Code <b>43201</b>		Form(Cash,Check,etc) <b>Check</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

5,885.00
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Total expenditures this event

691.15
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Page Total \$

935.00
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