

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 DAVID THOMAS		Registration Number, if PAC	
Street Address 3010 Shadywood	Employer/Occupation/Labor Organization* ATTN Y	M D Y 05 26 16	Amount 150⁻
City COIS	State OH	Zip Code 43221	Form (Cash, Check, etc.) (C)
Full Name of Contributor VASSY LAW		Registration Number, if PAC	
Street Address 145 E. Rich St	Employer/Occupation/Labor Organization* ATTN Y	M D Y 05 26 16	Amount 250⁻
City COIS	State OH	Zip Code 43215	Form (Cash, Check, etc.) (C)
Full Name of Contributor MALEK AND MALEK LAW LLC		Registration Number, if PAC	
Street Address 1227 S. High St	Employer/Occupation/Labor Organization* LAW FIRM	M D Y 05 26 16	Amount 500⁻
City COIS	State OH	Zip Code 43206	Form (Cash, Check, etc.) (C)
Full Name of Contributor MARK NANCY WALLAN		Registration Number, if PAC	
Street Address 5120 Reserve Dr	Employer/Occupation/Labor Organization* SALES	M D Y 05 26 16	Amount 150⁻
City COIS	State OH	Zip Code 43017	Form (Cash, Check, etc.) (C)
Full Name of Contributor SALLY DENNISON		Registration Number, if PAC	
Street Address 1174 Freshman Dr	Employer/Occupation/Labor Organization* ATTN Y	M D Y 05 26 16	Amount 150⁻
City WEST	State OH	Zip Code 43081	Form (Cash, Check, etc.) (C)
Full Name of Contributor STEVE MATHLESS		Registration Number, if PAC	
Street Address 495 E MOUND ST B	Employer/Occupation/Labor Organization* ATTN Y	M D Y 05 26 16	Amount 150⁻
City COIS	State OH	Zip Code 43215	Form (Cash, Check, etc.) (C)
Full Name of Contributor WILLIAM HADLER		Registration Number, if PAC	
Street Address 2575 Leeds	Employer/Occupation/Labor Organization* RETIRED	M D Y 05 26 16	Amount 150⁻
City COIS O	State O	Zip Code 43221	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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