

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

Prescribed by Secretary of State 03/05

Name of Committee in Full		Registration Number, if PAC	
SERRATI FOR JUDGE			
Full Name of Contributor GALLAGHER GAMS PLYON		Registration Number, if PAC	
Street Address 471 E Broad St	Employer/Occupation/Labor Organization* ATTNYS	M   D   Y 05   26   16	Amount 150 -
City Cols	State OH	Zip Code 43215	Form (Cash, Check, etc.) <input checked="" type="checkbox"/>
Full Name of Contributor Mitch Alter		Registration Number, if PAC	
Street Address 500 S Front	Employer/Occupation/Labor Organization* Attny	M   D   Y 05   26   16	Amount 150 -
City Cols	State OH	Zip Code 43215	Form (Cash, Check, etc.) <input checked="" type="checkbox"/>
Full Name of Contributor Tom Trimble		Registration Number, if PAC	
Street Address 500 S. Front	Employer/Occupation/Labor Organization* Attny	M   D   Y 05   26   16	Amount 150 -
City Cols	State OH	Zip Code 43215	Form (Cash, Check, etc.) <input checked="" type="checkbox"/>
Full Name of Contributor BLAISE BAKER		Registration Number, if PAC	
Street Address 600 S High	Employer/Occupation/Labor Organization* Attny	M   D   Y 05   26   16	Amount 150 -
City Cols	State OH	Zip Code 43215	Form (Cash, Check, etc.) <input checked="" type="checkbox"/>
Full Name of Contributor Philip Fulton LAW		Registration Number, if PAC	
Street Address 89 E NATIONAL AVE	Employer/Occupation/Labor Organization* ATTNY	M   D   Y 05   26   16	Amount 150 -
City Cols	State OH	Zip Code 43215	Form (Cash, Check, etc.) <input checked="" type="checkbox"/>
Full Name of Contributor ISAAC WILES		Registration Number, if PAC	
Street Address 2 MIKANOVA	Employer/Occupation/Labor Organization* Attny	M   D   Y 05   26   16	Amount 300 -
City Cols	State O	Zip Code 43215	Form (Cash, Check, etc.) <input checked="" type="checkbox"/>
Full Name of Contributor STEPHEN MOYER LAW OFFICE		Registration Number, if PAC	
Street Address 9 E KOSSUTH	Employer/Occupation/Labor Organization* Attny	M   D   Y 05   26   16	Amount 150 -
City Cols	State O	Zip Code 43215	Form (Cash, Check, etc.) <input checked="" type="checkbox"/>

\* 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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