

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

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Serroth for Judge Committee					
Full Name of Contributor			Registration Number, if PAC		
Roger M. Koeck					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
6257 Emberwood Rd.	attorney	1	2	0315	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Dublin	OH	43017	check		
Full Name of Contributor			Registration Number, if PAC		
Gerald Todaro					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
300 W Spring St	attorney	1	2	0115	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
Bonnie Fox					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
233 N Bend DR.	attorney	1	2	0315	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Pata Skala	OH	43062	check		
Full Name of Contributor			Registration Number, if PAC		
James P. Connors					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
580 S High Street	attorney	1	2	0315	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
Peter J. Binning					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
592 South Third Street	attorney	1	2	0315	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		
Full Name of Contributor			Registration Number, if PAC		
Stephen A. Moyer					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
9 East Kossuth Street	attorney	1	2	0315	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43206	check		
Full Name of Contributor			Registration Number, if PAC		
Thomas F. Hayes					
Street Address	Employer/Occupation/Labor Organization*	M	D	Y	Amount
65 E Livingston Ave.	attorney	1	2	0315	\$250
City	State	Zip Code	Form (Cash, Check, etc.)		
Columbus	OH	43215	check		

* 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 \$ 1,750