

Event Date	12/9
Page	

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge							
Full Name of Contributor Roger M. Koeck				Registration Number, if PAC			
Street Address 6257 Emberwood Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	75.00
City Dublin		State O	Zip Code 43017	Form (Cash, Check, etc) Check			
Full Name of Contributor David C. Young				Registration Number, if PAC			
Street Address 495 S. High Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	100.00
City Columbus		State O	Zip Code 43215	Form (Cash, Check, etc) Check			
Full Name of Contributor Michelle L. Koffel				Registration Number, if PAC			
Street Address 2050 Tremont Rd		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	250.00
City Upper Arlington		State O	Zip Code 43221	Form (Cash, Check, etc) Check			
Full Name of Contributor Thomas A Gjostein				Registration Number, if PAC			
Street Address 6270 Hayhurst St		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	150.00
City Worthington		State O	Zip Code 43085	Form (Cash, Check, etc) Check			
Full Name of Contributor Matthew A. Labuhn				Registration Number, if PAC			
Street Address 4905 Stonehaven Dr		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	250.00
City Upper Arlington		State O	Zip Code 43220	Form (Cash, Check, etc) Check			
Full Name of Contributor Law Office of Ric Daniell				Registration Number, if PAC			
Street Address 1560 NW Professional Plaza #A		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	75.00
City Columbus		State O	Zip Code 43220	Form (Cash, Check, etc) Check			
Full Name of Contributor Andrew P. Avellano				Registration Number, if PAC			
Street Address 1450 Broadview Ave, Apt 6		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	2	0	100.00
City Columbus		State O	Zip Code 43212	Form (Cash, Check, etc) 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 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

Total expenditures this event

Page Total \$ 1,000.00