

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 Committee					
Full Name of Contributor				Registration Number, if PAC	
David A Goldstein					
Street Address		Employer/Occupation/Labor Organization*		M	D
155 S Broadleigh		attorney		1	2
City		State	Zip Code	Y	Amount
Columbus		OH	43209	1	\$450
				Form (Cash, Check, etc.)	
				Check	
Full Name of Contributor					
Colley Shroyer & Abraham					
Street Address		Employer/Occupation/Labor Organization*		M	D
536 South High street		attorney		1	2
City		State	Zip Code	Y	Amount
Columbus		OH	43215	1	\$500
				Form (Cash, Check, etc.)	
				Check	
Full Name of Contributor					
Dennis V. Yacobozzi					
Street Address		Employer/Occupation/Labor Organization*		M	D
56 E Russel Street		attorney		1	2
City		State	Zip Code	Y	Amount
Columbus		OH	43215	1	\$350
				Form (Cash, Check, etc.)	
				Check	
Full Name of Contributor					
M Elizabeth Gill					
Street Address		Employer/Occupation/Labor Organization*		M	D
33 E Columbus ST		attorney		1	2
City		State	Zip Code	Y	Amount
Columbus		OH	43206	1	\$300
				Form (Cash, Check, etc.)	
				Check	
Full Name of Contributor					
Murray Murphy Moul & Basil					
Street Address		Employer/Occupation/Labor Organization*		M	D
1114 Dublin RD		attorney		1	2
City		State	Zip Code	Y	Amount
Columbus		OH	43215	1	\$500
				Form (Cash, Check, etc.)	
				Check	
Full Name of Contributor					
Thomas A GJOSTEIN					
Street Address		Employer/Occupation/Labor Organization*		M	D
6720 Hayhurst ST		attorney		1	2
City		State	Zip Code	Y	Amount
Worthington		OH	43085	1	\$500
				Form (Cash, Check, etc.)	
				Check	
Full Name of Contributor					
Vassu Law office					
Street Address		Employer/Occupation/Labor Organization*		M	D
145 E Rich ST		attorney		1	2
City		State	Zip Code	Y	Amount
Columbus		OH	43215	1	\$100
				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 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 \$

2,700⁰⁰