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r ago	J. L. J.

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Name of Committee in Full								
Serrott for Judge Committee			Registra	tion Numl	ner if PA			
Full Name of Contributor			registro	.com munist	JUL, 11 1 / 1	~		
The Behal Law Group LLC	Templayor(Occupa	ntian/Labor Organization*				Form (Cash, Check, etc.)		
Street Address	Employer/Occupation/Labor Organization*							
501 S. High Street		Ir. o I	T	D	Y	Check Amount		
City	State	Zip Code	M	1				
Columbus		43215	0 3	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	1 0	350.00		
Full Name of Contributor Registration Number, if PAC								
Kevin P. Byers					Madausians (Abayaya)			
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
6380 Lancaster Kirkersville Rd NW				-		Check		
Cíty	State	Zip Code	М	D	Y	Amount		
Baltimore	OPH	43105-9799	0 3	on which the second contract of the second co	1 0	150.00		
Full Name of Contributor	Registration Number, if PA					С		
Bricker & Eckler LLC			OF	1821				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
100 South Third Street			MUMICINES OF THE PROPERTY OF T			Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43215	0 3		1 0	250.00		
Full Name of Contributor			Registra	ition Num	ber, if PA	С		
I.B.E.W.					nome was a medical constraint of the			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
52 W SECOND AVE	Open Committee					Check		
City	State	Zip Code	М	D	Y	Amount		
COLUMBUS	OH	43201	0 3	2 7	10	1,000.00		
Full Name of Contributor			Registra	ation Num	ber, if PA	С		
Christopher T. Cicero								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
1308 W. Mound St						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43223-2246	0 4	0 7	10	250.00		
Full Name of Contributor			Registr	ation Num	ber, if PA	С		
Robert W. Kerpsack Co. LPA								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
655 Metro Place South, Suite 255	NAME OF THE PERSON OF THE PERS					Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	OH	43017	0 4	0 7	1 0	100.00		
Full Name of Contributor			Registr	ation Num	ber, if PA	.C		
Chris O. Paparodis Co., LPA								
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)		
3237 Darby Glen Blvd		-				Check		
City	State	Zip Code	M.	D	Y	Amount		
Hilliard		43026	0 4	0 8	10	250.00		
Full Name of Contributor			economic eco	ation Num		Management and the contract of		
Richard Gladney					,			
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)		
P.O. Box 230	ampioj en Occupation according to the control of th				Check			
	State	Zip Code	M	I D	ΙΥ	Amount		
City		43219-0230	1		1	200.00		
Brice		1 43417-0430	0 4			200.00		

Page Total \$ 2,550.00

^{*} 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)]