

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Scott Friedman					Registration Number, if PAC		
Street Address 7706 Sutton Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City New Albany	State O H	Zip Code 43054	M 1	D 0	Y 5	Amount 100.00	
Full Name of Contributor Robert Bernard					Registration Number, if PAC		
Street Address 3387 Shattuck Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 1	D 0	Y 5	Amount 100.00	
Full Name of Contributor Frank Todardo					Registration Number, if PAC		
Street Address 7325 Macbeth Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 1	D 0	Y 5	Amount 250.00	
Full Name of Contributor Paula Deming					Registration Number, if PAC		
Street Address 6775 Alloway St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1	D 0	Y 5	Amount 100.00	
Full Name of Contributor Daniel Gunsett					Registration Number, if PAC		
Street Address 847 Robbins Way		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 1	D 0	Y 5	Amount 100.00	
Full Name of Contributor Michael Fusco					Registration Number, if PAC		
Street Address 1069 Melinda Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pavpal		
City Westerville	State O H	Zip Code 43081	M 0	D 9	Y 3	Amount 100.00	
Full Name of Contributor Beth Gill					Registration Number, if PAC		
Street Address 90 E Mithoff		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pavpal		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 4	Amount 533.45	
Full Name of Contributor Don Leach					Registration Number, if PAC		
Street Address 191 W. NATIONWIDE BLVD		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Pavpal		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 4	Amount 242.45	

* 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)]

Page Total \$ 1,525.90