

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee									
Full Name of Contributor Stanly Dritz						Registration Number, if PAC			
Street Address 50 W. Broad St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 2 8	Y 1 0	Amount 100.00			
Full Name of Contributor Rourke & Blumenthal LLP						Registration Number, if PAC			
Street Address 495 S High St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 0 4	Y 1 0	Amount 75.00			
Full Name of Contributor Blue + Blue LLC						Registration Number, if PAC			
Street Address 471 E. Broad St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 0 4	Y 1 0	Amount 200.00			
Full Name of Contributor Portman Foley and Flint, LLP						Registration Number, if PAC			
Street Address 471 E Broad St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 0 4	Y 1 0	Amount 75.00			
Full Name of Contributor John T. Conrov						Registration Number, if PAC			
Street Address 3363 Tremont Rd Ste 104C			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 8	D 0 4	Y 1 0	Amount 75.00			
Full Name of Contributor Neil Rosenberg						Registration Number, if PAC			
Street Address 400 S 5th St Suite 301			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 0 4	Y 1 0	Amount 100.00			
Full Name of Contributor Harry R. Reinhart						Registration Number, if PAC			
Street Address 400 S 5th St Suite 301			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 8	D 0 4	Y 1 0	Amount 100.00			
Full Name of Contributor Michael T. Gunner						Registration Number, if PAC			
Street Address 3535 Fishinger Blvd Ste 220			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 8	D 0 4	Y 1 0	Amount 75.00			

* 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)]

Page Total \$ 800.00