Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Serrott for Judge Committee							
ul] Name of Contributor			Registra	Registration Number, if PAC			
Stanly Dritz						_	
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Che	ck, etc.)
50 W. Broad St				-		Check	
City	State	Zip Code	М	D	Y	Amount	
_ Columbus	OIF	43215	0 7	2 8			100,00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Rourke & Blumenthal LLP							
Street Address	Employer/Occ	cupation/Labor Organization*				Form (Cash, Che	ck, etc.)
495 S High St						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	0 1	<u>1</u> 43215	1018	0 4	1 0		<u>75</u> .00
Full Name of Contributor					ber, if PA	C	
Blue + Blue LLC			I				
Street Address	Employer/Occ	cupation/Labor Organization*		-		Form (Cash, Check, etc.)	
471 E. Broad St	1				ļ	Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	432515	018	0 4	1 0		200.00
Full Name of Contributor				-	ber, if PA	C	
Portman Foley and Flint, LLP							
Street Address	Employer/Occ	cupation/Labor Organization*			1	Form (Cash, Che	ck, etc.)
471 E Broad St				ŀ	Check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	015	. 1 '	018				75.00
Full Name of Contributor		_ 1020			ber, if PAC	C .	, 0.00
John T. Conrov			-		, -	-	•
Street Address	Employer/Occ	upation/Labor Organization*				Form (Cash, Chec	ck. etc.)
3363 Tremont Rd Ste 104C	` `				ļ	Check	····,
City	State	Zip Code	М	D	Y	Amount	
Columbus	OIH	. [018			1 11.0	75.00
Full Name of Contributor		10221			ber, if PAG	<u>. </u>	7 0.00
Neil Rosenberg			1,0000	.1011 1 - ****	OCI, LI I I I	C	
Street Address	TEmployer/Occ					Form (Cash, Che	rl- etc)
400 S 5th St Suite 301	Employer overpution beganning				Check		
City	State	Zip Code	М	D	ΙΥ	Amount	
Columbus	OTH	1 *		0 4		Allouit	100.00
Full Name of Contributor	101-	40410			ber, if PAC	~	100.00
Harry R. Reinhart			1106.52	JUH ITURA	JCI, IL I FA	_	
Street Address	IEmployer/Occ	upation/Labor Organization*	 -			Form (Cash, Chec	al- ata \
400 S 5th St Suite 301	Employer/Compation/Labor Organization*					ck, etc.)	
City	State	Zip Code		1 D	Y	Check	
Columbus	O H	³	l .	D		Amount	100.00
Full Name of Contributor		1 43215	0 8				100.00
			Registrat	.ion Num	ber, if PAC	C	
Michael T. Gunner Street Address	Ti:alouer/Oss	change to a constant				70. L CL	1
	Employer	upation/Labor Organization*				Form (Cash, Chec	ck, etc.)
3535 Fishinger Blvd Ste 220 City	State -	2: 7: 1	 -	r	, 	Check	
•	State	Zip Code	M	D :	Y	Amount	~= 00
Hilliard	O H	1 43026	0 8	0 4	1 0		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)]

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Page Total	\$.	800,00