Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Serrott for Judge Committee			· · · · · · · · · · · · · · · · · · ·	-				
Full Name of Contributor					Registration Number, if PAC			
Scott Friedman								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Che	ck, etc.)
7706 Sutton Pl							Check	
City	St	ate	Zip Code	M	D	Y	Amount	
New Albany	0	H	43054	3 (<u>0 0 5</u>	1 0		100.00
Full Name of Contributor				Regist	ration Nun	nber, if PA	С	
Robert Bernard								
Street Address	Employe				Form (Cash, Che	ck, etc.)		
3387 Shattuck Ave	1						Check	
City	St	ate	Zip Code	М	D	Y	Amount	
Columbus	0	H	43221	1110	0 0 5	110	Į.	100.00
Full Name of Contributor					ration Num			
Frank Todardo								
Street Address	Employe			***	Form (Cash, Che	ck, etc.)		
7325 Macbeth Dr							Check	
City	St	ate	Zip Code	М	D	Τy	Amount	
Dublin	0	Н	43016	1110	0 0 5	110	Í	250.00
Full Name of Contributor		<u></u>	10010		ration Num	_		250.00
Paula Deming						,	•	
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Che	ck etc.)
6775 Alloway St	Employer-overpactors issues organization						Check	·····
City	St	ate	Zip Code	М	T D	Y	Amount	
Worthington	0	H	43085	110	_ I	1 .		100.00
Full Name of Contributor			1 43003		ration Num			100.00
Daniel Gunsett				, cog.s.	Total (tur	1001, 11 1 7 1		
Street Address	Employe	r/Occups	tion/Labor Organization*	<u> </u>			Form (Cash, Che	el: eta V
	Linproje	11 Occupa	MON-Cabon Organization				1	ck, etc.)
847 Robbins Way		ate	Ti- Codo	1 1/	T 15	Τν	Check	_
•	_	ate H	Zip Code	M	D D	Y	Amount	100.00
Worthington Full Name of Contributor	0	1,	43085		<u> </u>		<u> </u>	100.00
				Regist	ration Num	ioer, ii PA	C	
Michael Fusco Street Address	F1	-10					In (0.1.01	
	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
1069 Melinda Dr		-4-	7:- 0-1-	1 14	T 75	T 37	Paypal	
1 ·	1 ~	ate t ⊩-i	Zip Code	M	D	Y	Amount	100.00
Westerville	10	Н	43081		<u> 3 0</u>			100.00
Full Name of Contributor				Regist	ration Num	iber, if PA	C	
Beth Gill								
Street Address	Employer/Occupation/Labor Organization*						Form (Cash, Check, etc.)	
90 E Mithoff							Paypal	
City		ate	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43215	11(533.45
Full Name of Contributor				Regist	ration Num	ber, if PA	C	
Don Leach							<u></u>	_
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Che	ck, etc.)	
191 Nationwide Blvd Suite 300					···········		Pavpal	
City	Sta	ate	Zip Code	M	D	Y	Amount	
Columbus	0	Н	43215	11 (0 0 4	1 0		_242.45

Page Total \$ 1,525.90

^{*} 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)]