

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee									
Full Name of Contributor William S. Lazarow						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 7	D 0 6	Y 1 0	Amount 75.00			
Full Name of Contributor Blythe M. Bethel						Registration Number, if PAC			
Street Address Fifth Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 6	Y 1 0	Amount 75.00			
Full Name of Contributor Rebecca Gooch, Esq.						Registration Number, if PAC			
Street Address 4878 Berry Leaf Pl			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Hilliard	State O H	Zip Code 43026	M 0 7	D 0 6	Y 1 0	Amount 200.00			
Full Name of Contributor Tyack, Blackmore & Liston Co., LPA						Registration Number, if PAC			
Street Address 536 S High St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 6	Y 1 0	Amount 50.00			
Full Name of Contributor Cecil & Geiser, 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 7	D 0 6	Y 1 0	Amount 100.00			
Full Name of Contributor Carpenter Lipps & Leland LLP						Registration Number, if PAC			
Street Address 280 N High St, Suite 1300			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 7	D 0 6	Y 1 0	Amount 75.00			
Full Name of Contributor David Stebbins						Registration Number, if PAC			
Street Address 2054 Stokeswood Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 7	D 1 2	Y 1 0	Amount 75.00			
Full Name of Contributor Wolinetz Law Offices LLC						Registration Number, if PAC			
Street Address 250 Civic Center Dr, Suite 100			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 2,500.00			

* 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 \$ 3,150.00