Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Serrott for Judge Committee			<u></u> .				
Full Name of Contributor		Registration Number, if PAC					
William S. Lazarow							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
400 S 5th St Suite 301					Check		
City	State	Zip Code	М	D	Ϋ́	Amount	
Columbus	ОІН	43215	017	016	اعلما	<i>7</i> 5.00	
Full Name of Contributor		1021.0		tion Numb			
Blythe M. Bethel					,	-	
Street Address	Employer/Occum	ation/Labor Organization*				Form (Cash, Check, etc.)	
1	Employen Goodp	Surproyen escapation bases of Bantzariote.				, , ,	
Fifth Street	State	Zip Code	M	D	Y	Check Amount	
		43215	1 ,	Ι.		75.00	
Columbus Full Name of Contributor	ОП	43213	0 7	06	1 0		
1			Kegisua	tion Numb	set, if PA	<u> </u>	
Rebecca Gooch, Esq.	T 1 10					5 (0.1 m ⁻¹) (1.1	
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
4878 Berry Leaf Pl						Check	
City	State	Zip Code	M	D	Y	Amount	
Hilliard	0 Н	43026	0 7	0 6	$1 \mid 0$	200.00	
Full Name of Contributor			Registra	tion Numl	ber, if PA	C	
Tyack, Blackmore & Liston Co., LPA	<u> </u>						
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)	
536 S High St					Check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43215	0 7	0 6	110	50.00	
Full Name of Contributor			Registra	tion Num		C	
Cecil & Geiser, LLP							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
495 S High St					1	Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	ОТН	43215	017	0 6	1 0	100.00	
Full Name of Contributor		10210		tion Numb			
Carpenter Lipps & Leland LLP			ľ		·		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
280 N High St, Suite 1300					Check		
City	State	Zip Code	М	D	Гу	Amount	
Columbus	O H	43215	1	0 6			
Full Name of Contributor		43213		ion Numb			
David Stebbins			regiseu		, ii i i i	~	
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
	Employer/Occup						
2054 Stokeswood Ct	China	Zip Code	1 1/	l n	T 37	Check	
1 -	State	1 '	M	D	Y	Amount	
Dublin Full Name of Contributor	O H	43016	0 7	1 2	1 0	75.00	
			Registra	tion Numl	ber, if PA	C	
Wolinetz Law Offices LLC							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
250 Civic Center Dr, Suite 100				,		Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	O H	43215_	017	2 8	1 0	<u>2,500.0</u> 0	

Page Total \$ 3,150,00

^{*} 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)]