

# Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Michelle L. Serrott					Registration Number, if PAC		
Street Address 11391 SW 122 St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Miami	State F   L	Zip Code 33176	M 0   3	D 1   3	Y 1   0	Amount 100.00	
Full Name of Contributor Ronnie Serrott					Registration Number, if PAC		
Street Address 777 English Oak Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Westerville	State O   H	Zip Code 43081	M 	D 	Y 1   0	Amount 250.00	
Full Name of Contributor Barb J. Pfeiffer					Registration Number, if PAC		
Street Address 493 Richards Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43214	M 0   3	D 1   6	Y 1   0	Amount 575.00	
Full Name of Contributor Kyle Curtis Wilcox					Registration Number, if PAC		
Street Address 3295 Darby Glen Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Hilliard	State O   H	Zip Code 43026	M 0   3	D 1   6	Y 1   0	Amount 25.00	
Full Name of Contributor Paula M. Brown					Registration Number, if PAC		
Street Address 4634 Kingston Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43220	M 0   3	D 1   6	Y 1   0	Amount 150.00	
Full Name of Contributor Anne L. Hoke					Registration Number, if PAC		
Street Address 172 Mayfair Blvd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43213	M 0   3	D 1   6	Y 1   0	Amount 150.00	
Full Name of Contributor Nancy K. Wonnell					Registration Number, if PAC		
Street Address 330 S. High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O   H	Zip Code 43215	M 0   3	D 1   6	Y 1   0	Amount 150.00	
Full Name of Contributor Thomas R. Waldeck					Registration Number, if PAC		
Street Address 1027 Peggys Cove		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Reynoldsburg	State O   H	Zip Code 43068	M 0   3	D 1   6	Y 1   0	Amount 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)]

Page Total \$ 1,550.00