

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Darcy A. Shafer					Registration Number, if PAC		
Street Address 555 Meadoway Park		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Worthington	State O H	Zip Code 43085	M 0 3	D 1 6	Y 1 0	Amount 100.00	
Full Name of Contributor Mary Ellen Cain					Registration Number, if PAC		
Street Address 124 Pine Village Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Granville	State O H	Zip Code 43023	M 0 3	D 1 6	Y 1 0	Amount 100.00	
Full Name of Contributor Richanne M. Zymkoski					Registration Number, if PAC		
Street Address 2128 Poplar St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43207	M 0 3	D 1 6	Y 1 0	Amount 100.00	
Full Name of Contributor Barry W. Wilford					Registration Number, if PAC		
Street Address 481 E. Sycamore St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 3	D 1 6	Y 1 0	Amount 100.00	
Full Name of Contributor Lois E. Martinez					Registration Number, if PAC		
Street Address 42 Park Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 3	D 1 6	Y 1 0	Amount 100.00	
Full Name of Contributor Tod Barstow					Registration Number, if PAC		
Street Address 616 Monticello Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Pataskala	State O H	Zip Code 43062	M 0 3	D 1 6	Y 1 0	Amount 100.00	
Full Name of Contributor James S. Savage III					Registration Number, if PAC		
Street Address 8127 Winchcombe Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 3	D 1 6	Y 1 0	Amount 250.00	
Full Name of Contributor David D. Bolon					Registration Number, if PAC		
Street Address 200 S. Drexel Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43209	M 0 3	D 1 6	Y 1 0	Amount 250.00	

* 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)]