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	MARCHANICA CONTRACTOR

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Serrott for Judge Committee							
Full Name of Contributor			Registra	ion Numb	er, if PA	C	
Darcy A. Shafer							and the second
Street Address	Employer/Occurs	ation/Labor Organization*				Form (Cash, Che	eck, etc.)
	Limpioyen Occupa	mon server or Semmenter				Check	, ,
555 Meadoway Park	State	Zip Code	M	D	Y	Amount	
City XA7 a wt Is im out our	OH	43085	0 3	1 6	1 0		100.00
Worthington Full Name of Contributor		1 43000		tion Numb	المستحدث وتشريها	C	100,00
			Registia	HOM I VUITIC	, n		
Mary Ellen Cain	(Frankrije)	otion (Lohor Organization)		(2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000) (2000)		Form (Cash, Ch	ack etc.)
Street Address	Employer/Occupa	Employer/Occupation/Labor Organization*			Check		
124 Pine Village Dr			1 34	T 75	Y		
City	State	Zip Code	M	D		Amount	100.00
Granville	OH	43023	0 3		1 0		100.00
Full Name of Contributor			Kegistra	tion Numl	oer, ii PA	C	
Richanne M. Zymkoski	The state of the s					F /O. 1. C.	I/: \
Street Address	Employer/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)	
2128 Poplar St				T		Check	
City	State	Zip Code	M	D	Y	Amount	400.00
Columbus	O H_	43207	0 3				100.00
Full Name of Contributor			Registra	tion Numl	ber, if PA	.C	
Barry W. Wilford							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
481 E. Sycamore St						Check	
City	State	Zip Code	M	D	Y	Amount	
Columbus	$O \mid H$	43206	0 3				100.00
Full Name of Contributor			Registra	tion Numl	ber, if PA	C	
Lois E. Martinez							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)		
42 Park Dr	e contraction of the contraction					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	$O \mid H$	43209	013	1 6	1 0		100.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Tod Barstow							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
616 Monticello Ct						Check	
City	State	Zip Code	М	D	Y	Amount	
Pataskala	ОН	43062	03	1 6	110		100.00
Full Name of Contributor		1		tion Num			
James S. Savage III			_				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Cl	eck, etc.)
8127 Winchcombe Drive		~				Check	•
City	State	Zip Code	М	D	Y	Amount	
Dublin	OH	43016	013		10		250.00
Full Name of Contributor		XUU.U		tion Num		C	
David D. Bolon					,		
Street Address	Employer/Occup	eation/Labor Organization*				Form (Cash, Cl	neck, etc.)
	Lamprojen companion baron ci ganzanon			Check			
200 S. Drexel Ave	State	Zip Code	М	I D	Υ	Amount	
City	1	I .				Ĭ	250.00
Columbus		43209	0 3	11/6	1 0		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)]

Page Total	§ <u>1,100.00</u>