

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee									
Full Name of Contributor Carol Wright Attorney						Registration Number, if PAC			
Street Address 86 Pearl Alley			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 2	Y 0	Y 1	Y 0	Amount 300.00
Full Name of Contributor David Pariser						Registration Number, if PAC			
Street Address 2557 Bexley Park Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Bexley	State O H	Zip Code 43209	M 0	D 9	Y 2	Y 1	Y 1	Y 0	Amount 200.00
Full Name of Contributor Judith Kitrick						Registration Number, if PAC			
Street Address 60 E Spring St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 9	Y 2	Y 1	Y 1	Y 0	Amount 150.00
Full Name of Contributor Robert Levering						Registration Number, if PAC			
Street Address 3333 Parksley Ct			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43204	M 0	D 9	Y 2	Y 1	Y 1	Y 0	Amount 50.00
Full Name of Contributor Bipinchandra M Desai Ttee						Registration Number, if PAC			
Street Address 10244 Windsor Wav			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Powell	State O H	Zip Code 43065	M 1	D 0	Y 0	Y 5	Y 1	Y 0	Amount 100.00
Full Name of Contributor Stacie Baker						Registration Number, if PAC			
Street Address 23 W 9th Ave Apt 4			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 1	D 0	Y 0	Y 5	Y 1	Y 0	Amount 20.00
Full Name of Contributor Jennifer Prindle						Registration Number, if PAC			
Street Address 29 E Lincoln St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 1	D 0	Y 0	Y 5	Y 1	Y 0	Amount 200.00
Full Name of Contributor Ohio & Vicinity Regional Council						Registration Number, if PAC			
Street Address 1394 Courtright Rd			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43227	M 1	D 0	Y 0	Y 5	Y 1	Y 0	Amount 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 \$ 1,520.00