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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full			panyuka Utuu kookun ja abalgidadi.				
Serrott for Judge Committee							
Full Name of Contributor			Registrat	egistration Number, if PAC			
Samantha L. Cannon							
Street Address	Employer/Occupa	ntion/Labor Organization*	<u>B</u>			Form (Cash, Chec	k, etc.)
1215 Heyl Ave	Lampio you occupation caoor of ganzation				Check		
City	State	Zip Code	М	D	Y	Amount	MARKET PROPERTY AND ADDRESS OF THE PARTY OF
Columbus	$I \cap I H$	43206	0 4	0 8			35.00
Full Name of Contributor					ber, if PA	C	00.00
Cynthia K. Baughn			l d			-	
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
7374 E. Rich Street	Employer/Occupations Labor Organization				Check		
City	State	Zip Code	M	D	ΙΥ	Amount	
	O H	43215	0 4	0 8	1 . 1	, anoun	35.00
Columbus Full Name of Contributor		L tolio			ber, if PA	C	UU.UU
			icegistia.	HOH INGHI	001, 11 1 71	C	
Paley For Columbus Street Address	Employar/Occup	ntion/Labor Organization*				Form (Cash, Chec	k etc.)
	Employer/Occupa	mon/Lauor Organization				1	K, C(C.)
668 Bellamy Place	Charles	Tin Code	1 1/	T n	Y	Check Amount	
City	State	Zip Code	M	D		Amount	40.00
Columbus		43213	0 4	0 8	1 0 ber, if PA	C	40.00
Full Name of Contributor			Registra	uon num	uer, ii PA	C	
Richanne Zymkoski						F (C. 1 C)	1
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)	
2128 Poplar St					-	Check	
City	State	Zip Code	M	D	Y	Amount	**** O O
Columbus		43207	0 4	0 8			70.00
Full Name of Contributor Registration Number, if PAC							
Kristin E. Rosan							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
192 Farmwood Pl				-		Check	
City	State	Zip Code	М	D	Y	Amount	
Gahanna		43230	0 4	0 8	1 0		70.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C	
Teresa A. Daugherty							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
5053 Grassland Dr						Check	
City	State	Zip Code	М	D	Y	Amount	
Dublin	OH	43016-4318	0 4	0 8	1 0		75.00
Full Name of Contributor			Registra	tion Num	ber, if PA	С	
Robert C. Bannerman LLC							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Chec	k, etc.)
PO BOX 77466				Check			
City	State	Zip Code	M	D	Y	Amount	
Columbus	OH	43207	0 4	0 8	1 0		25.00
Full Name of Contributor Registration Number, if PAC							
Richard D. Brown							
Street Address	Employer/Occupation/Labor Organization* Form (Cash, Check, etc.)			ck, etc.)			
7559 Bruns Ct			Check				
City	State	Zip Code	М	D	Y	Amount	adada ara ara ara ara ara ara ara ara ar
Canal Winchester	OH	43110	0 4		1		50.00
NO SERVICE AND SER		1 20220		L	dania da	L.	

* 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 S	400.00