

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Samantha L. Cannon					Registration Number, if PAC		
Street Address 1215 Heyl Ave		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43206	M 0 4	D 0 8	Y 1 0	Amount 35.00	
Full Name of Contributor Cynthia K. Baughn					Registration Number, if PAC		
Street Address 7374 E. Rich Street		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43215	M 0 4	D 0 8	Y 1 0	Amount 35.00	
Full Name of Contributor Paley For Columbus					Registration Number, if PAC		
Street Address 668 Bellamy Place		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43213	M 0 4	D 0 8	Y 1 0	Amount 40.00	
Full Name of Contributor Richanne 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 4	D 0 8	Y 1 0	Amount 70.00	
Full Name of Contributor Kristin E. Rosan					Registration Number, if PAC		
Street Address 192 Farmwood Pl		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Gahanna	State O H	Zip Code 43230	M 0 4	D 0 8	Y 1 0	Amount 70.00	
Full Name of Contributor Teresa A. Daugherty					Registration Number, if PAC		
Street Address 5053 Grassland Dr		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Dublin	State O H	Zip Code 43016-4318	M 0 4	D 0 8	Y 1 0	Amount 75.00	
Full Name of Contributor Robert C. Bannerman LLC					Registration Number, if PAC		
Street Address PO BOX 77466		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Columbus	State O H	Zip Code 43207	M 0 4	D 0 8	Y 1 0	Amount 25.00	
Full Name of Contributor Richard D. Brown					Registration Number, if PAC		
Street Address 7559 Bruns Ct		Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check	
City Canal Winchester	State O H	Zip Code 43110	M 0 4	D 0 8	Y 1 0	Amount 50.00	

* 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)]