Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Serrott for Judge Committee				desperientem de la companie de la c			
Il Name of Contributor Registration Number, if P					per, if PA	С	
Michael Shawn Dingus							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
213 Powhatan Ave					Check		
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43204	0 3	1 6	10		250.00
Full Name of Contributor Registration Number, if PAC							
Terry K. Sherman							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
175 S. Merkle Rd	-			Check			
City	State	Zip Code	М	D	Y	Amount	THE PARTY OF THE P
Columbus	0 H	43209	013	1 6	1 0		250.00
Full Name of Contributor		TO have I				.C	
Teresa A. Daugherty Street Address	Employer/Occup	ation/Labor Organization*	<u> </u>			Form (Cash, Ch	eck_etc.)
	Limpioyen Occup	actomenator Organización				Check	
5053 Grassland Dr	State	Zip Code	М	D	ΙΥ	Amount	
City	O H		Į.		10	B .	250.00
Dublin		43016	0 3	16 ation Num	Name and the second state of the second seco	Stephenomen and the second sec	200.00
Full Name of Contributor			Registra	MION INUM	oer, ii PA		
Janet A. Grubb						r (C-1 Cl	1 -4 - \
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
4062 Georgesville Wrightsville Rd						Check	
City	State	Zip Code	M	D	Y	Amount	
Grove City	OH	43213	0 3	<u>who encue a transferit</u>		Secretaria de la compansión de la compan	250.00
Full Name of Contributor Registration Number, if PAC							
Joseph R. Landusky II							
Street Address	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
901 S. High Street	000					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43206	0 3	1 6	1 0		200.00
Full Name of Contributor			Registra	ation Num	ber, if PA	·C	
Kristin E. Rosan & John S. Rosan							
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
192 Farmwood Pl	G000000					Check	
City	State	Zip Code	М	D	Y	Amount	weeks and the second se
Gahanna	OH	43230	0 3	1 6	110		100.00
Full Name of Contributor				ation Num			
Dustin Blake							
Street Address	Employer/Occur	oation/Labor Organization*				Form (Cash, Ch	eck, etc.)
111 W. Rich Street	Employer Occupation Endor Organization				Cash		
	State	Zip Code	M	T D	ΙΥ	Amount	**************************************
City		43215				2 HIOUNE	60.00
Columbus		40410		16 ation Num			00.00
Full Name of Contributor			averion:	acion ixuli	, II I' <i>T</i>		
Bob Kemper	Tour 1 /O					Earn (Coah Cl	ande ate)
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)			
Address to be provided					ngountenanteniumb	Cash	
City	State	Zip Code	M	D	Y	Amount	man or or or
	OH		0 3	1 6	10		250.00

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Page Total 9	1,610.00

^{*} 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)]