

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Dennis Pusateri					Registration Number, if PAC		
Street Address 755 S. High Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0 5	D 0 6	Y 1 0	Amount 100.00	
Full Name of Contributor Dennis W. McNamara					Registration Number, if PAC		
Street Address 492 City Park Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 0	Y 1 0	Amount 50.00	
Full Name of Contributor Gertner & Gertner					Registration Number, if PAC		
Street Address 3966 Fairlington Dr		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43220	M 0 5	D 1 0	Y 1 0	Amount 100.00	
Full Name of Contributor David A. Belinky					Registration Number, if PAC		
Street Address 175 South Third #505		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 2	Y 1 0	Amount 200.00	
Full Name of Contributor I.B.E.W. - C.O.P.E.					Registration Number, if PAC		
Street Address 900 Seventh Street N.W.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Washington	State D C	Zip Code 20001	M 0 5	D 0 4	Y 1 0	Amount 350.00	
Full Name of Contributor Lee M. Smith					Registration Number, if PAC		
Street Address 929 Harrison Avenue, Suite 300		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0 5	D 1 2	Y 1 0	Amount 250.00	
Full Name of Contributor Scott Elliot Smith LPA					Registration Number, if PAC		
Street Address 6235 Enterprise Court		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Dublin	State O H	Zip Code 43016	M 0 5	D 1 7	Y 1 0	Amount 250.00	
Full Name of Contributor Christopher J. Minnillo					Registration Number, if PAC		
Street Address 1500 W. Third Ave Suite 210		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0 5	D 1 8	Y 1 0	Amount 100.00	

* 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 \$ 1,400.00