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## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

	Trestrict by occ	acting of blanc 5/05						
Name of Committee in Full								
Serrott for Judge Committee								
Full Name of Contributor				Registration Number, if PAC				
Dennis G. Day								
Street Address	Employer/Occupa				Form (Cash, Check, etc.)			
330 S High St	1	Check				. ,		
City	State	Zip Code	М	D	Y	Amount	<del></del>	
Columbus	O   H	43215	0 7	0 6	1 0		75.00	
Full Name of Contributor		43213	Registrati				73.00	
Michelle L. Koffel			Kegisaan	on remnt	Aa, II I A	0		
Street Address		tion/Labor Organization*				Form (Cash, Cl		
	Епірюуєпоссира				, .	eck, etc.)		
2050 Tremont Rd		g:- O-1:	1.7		35	Check		
City	State	Zip Code	M	D	Y	Amount	500.00	
Upper Arlington	O   H	43221	0 7	0 6	1 0		500.00	
Full Name of Contributor			Registrati	ion Numb	er, if PA	C		
<u> </u>								
Street Address	Employer/Occupa				Form (Cash, Check, etc.)			
1795 Edgemont Rd						Check		
City	State	Zip Code	М	D	Y	Amount		
Columbus	O   H	43212	0 7	0 6	1 0		150.00	
Full Name of Contributor			Registrati	on Numb	er, if PA	3		
Jim Crates			İ					
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Cl	ieck, etc.)	
339 E Maple St					Check			
City	State	Zip Code	М	D	Y	Amount		
Granville	ОІН	43023	017	0 6	1 0		75.00	
Full Name of Contributor		10020	Registrati				75.00	
P Dennis Pusateri			, i		•			
Street Address	Employer/Occupa	tion/Labor Organization*				Form (Cash, Cl	eck etc.)	
492 City Park Ave							10014, 210.7	
City	State	Zip Code	М	D	Y	Check Amount		
Columbus	O I H	43215		0 6	$\begin{vmatrix} 1 & 0 \end{vmatrix}$	Апоци	7F 00	
Full Name of Contributor		43413			er, if PA		75.00	
			Registrati	on Numi	et, ii PA	•		
Teresa Daughtery Street Address		tion/Labor Organization*				F (6.1.6)		
	Employer/Occupa				Form (Cash, Ch	eck, etc.)		
5053 Grassland Dr		Y=				Check	<u> </u>	
City	State	Zip Code	M	D	Y	Amount		
Dublin	O H	43016		11 17	1 0		75.00	
Full Name of Contributor			Registrati	on Numb	er, if PA			
Eric   Burden								
Street Address	Employer/Occupa				Form (Cash, Ch	eck, etc.)		
7091 Oakstream Ct						Check		
City	State	Zip Code	М	D	Y	Amount	<del>, '                                   </del>	
_ Columbus	O   H	43235	017	0 6	1 0		150.00	
Full Name of Contributor		<u> </u>	Registrati					
Richard Ketcham			ı					
Street Address	Employer/Occupation/Labor Organization*			·	Form (Cash, Ch	eck, etc.)		
755 S High St				Check				
City	State	Zip Code	М	D	Y	Amount		
Columbus	O   H	43206	0 7			•	150.00	
Columbus	10111	10200	[0]/	$O \setminus O$	T [ U		100.00	

Page Total \$ 1,250,00

<sup>\*</sup> 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)]