

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 G. Day					Registration Number, if PAC		
Street Address 330 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43215	M 0	D 7	Y 0	Amount 75.00	
Full Name of Contributor Michelle L. Koffel					Registration Number, if PAC		
Street Address 2050 Tremont Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Upper Arlington	State O H	Zip Code 43221	M 0	D 7	Y 0	Amount 500.00	
Full Name of Contributor Mark A. Hummer					Registration Number, if PAC		
Street Address 1795 Edgemont Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43212	M 0	D 7	Y 0	Amount 150.00	
Full Name of Contributor Jim Crates					Registration Number, if PAC		
Street Address 339 E Maple St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Granville	State O H	Zip Code 43023	M 0	D 7	Y 0	Amount 75.00	
Full Name of Contributor P Dennis Pusateri					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	D 7	Y 0	Amount 75.00	
Full Name of Contributor Teresa Daughtery					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	M 0	D 7	Y 0	Amount 75.00	
Full Name of Contributor Eric J Burden					Registration Number, if PAC		
Street Address 7091 Oakstream Ct		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43235	M 0	D 7	Y 0	Amount 150.00	
Full Name of Contributor Richard Ketcham					Registration Number, if PAC		
Street Address 755 S High St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43206	M 0	D 7	Y 0	Amount 150.00	

* 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 \$ 1,250.00