

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott For Judge												
Full Name of Contributor Kim Wells						Registration Number, if PAC						
Street Address 1353 Elmwood			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43212		M 1 0		D 1 9		Y 1 0		Amount 125.00
Full Name of Contributor Teamsters Local 413						Registration Number, if PAC						
Street Address 555 E. Rich Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 0		D 1 9		Y 1 0		Amount 1,000.00
Full Name of Contributor Franklin County Democratic Party						Registration Number, if PAC						
Street Address 271 E. State Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 0		D 1 9		Y 1 0		Amount 1,500.00
Full Name of Contributor See Form 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
		 				1 0		1 7		1 0		3,165.00
Full Name of Contributor See Form 31-E						Registration Number, if PAC						
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)					
City		State		Zip Code		M		D		Y		Amount
		 				1 0		2 4		1 0		5,885.00
Full Name of Contributor Patsy Thomas						Registration Number, if PAC						
Street Address 5689 Plum Orchard Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43213		M 1 0		D 2 6		Y 1 0		Amount 100.00
Full Name of Contributor Bill Hedrick						Registration Number, if PAC						
Street Address 535 W. First			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 0		D 2 9		Y 1 0		Amount 125.00
Full Name of Contributor Crabbe, Brown, and James Law Firm						Registration Number, if PAC						
Street Address 500 W. Front Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Check					
City Columbus		State O H		Zip Code 43215		M 1 0		D 2 9		Y 1 0		Amount 250.00

* 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 \$ 12,150.00