

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full Serrott for Judge Committee							
Full Name of Contributor Joseph W. Marinello					Registration Number, if PAC		
Street Address 80 Williams Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43207-3822	M 0 4	D 0 8	Y 1 0	Amount 100.00	
Full Name of Contributor Kim E. Marinello					Registration Number, if PAC		
Street Address Williams Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code	M 0 4	D 0 8	Y 1 0	Amount 100.00	
Full Name of Contributor D. Michael Sheline					Registration Number, if PAC		
Street Address 912 Bernard Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43221	M 0 4	D 0 8	Y 1 0	Amount 35.00	
Full Name of Contributor Greg C. Shultz					Registration Number, if PAC		
Street Address 86 W 2nd Ave		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43201	M 0 4	D 0 8	Y 1 0	Amount 35.00	
Full Name of Contributor Cynthia J. Moses					Registration Number, if PAC		
Street Address 144 E Columbus St		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Canal Winchester	State O H	Zip Code 43110	M 0 4	D 0 8	Y 1 0	Amount 35.00	
Full Name of Contributor Deborah L. Garren					Registration Number, if PAC		
Street Address 4951 Bentler Rd		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43232	M 0 4	D 0 8	Y 1 0	Amount 35.00	
Full Name of Contributor Michael W. McElligott					Registration Number, if PAC		
Street Address 511 E. Jeffrey Pl		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43214	M 0 4	D 0 8	Y 1 0	Amount 35.00	
Full Name of Contributor Brandon t. Prewitt					Registration Number, if PAC		
Street Address 502 S. Third Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) Check		
City Columbus	State O H	Zip Code 43081	M 0 4	D 0 8	Y 1 0	Amount 35.00	

* 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)]