Page	1/4
rage	1.72

410.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Serrott for Judge Committee							
ull Name of Contributor				Registration Number, if PAC			
Joseph W. Marinello							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)
80 Williams Rd		•				Check	
City	State	Zip Code	М	D	Y	Amount	***************************************
Columbus	OH	43207-3822	0 4	0 8	1 0		100.00
Full Name of Contributor				tion Num		.c	
Kim E. Marinello							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)
Williams Rd		The state of the s				Check	
City	State	Zip Code	М	D	Y	Amount	CHARLES CONTRACTOR CON
	O H	2.10 0000	0 4		10	, another	100.00
Columbus Full Name of Contributor			ana ang panganana ing panganana	tion Num		C	100.00
			Registra	mon rum	oci, ii rA	·C	
D. Michael Sheline	£75 1 /O					F (C1- C)	1
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
912 Bernard Rd				·	·	Check	lateritarita error error proportional
City	State	Zip Code	М	D	Y	Amount	
Columbus	0 H	43221	WYNEED FOR THE PROPERTY OF THE PROPERTY OF	0 8	NEWSTRAND PROPERTY OF THE PROP		35.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Greg C. Shultz							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
86 W 2nd Ave						Check	
City	State	Zip Code	М	D	Y	Amount	XMC1100000000000000000000000000000000000
Columbus	OH	43201	0 4	0 8	110		35.00
Full Name of Contributor	umaranina permuarana forma ana amin'ny faritana amin'ny faritana amin'ny faritana amin'ny faritana amin'ny fari I		CONTRACTOR	tion Num	Security of the Control of the Contr	C	
Cynthia J. Moses							
Street Address	Employer/Occup	ation/Labor Organization*			a karalan di maja araba pala ang pakan	Form (Cash, Ch	eck, etc.)
144 E Columbus St		~				Check	. ,
City	State	Zip Code	М	D	Y	Amount	<u> </u>
Canal Winchester	OIH	43110		0 8	ž.		35.00
Full Name of Contributor		J TOLLU		tion Num		C	JJ.UU
Deborah L. Garren			registre		001, 11 1 2 1		
Street Address	Employer/Occup	ation / abor Organization*				Form (Cosh Ch	ook ata
	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)	
4951 Bentler Rd		1 CZ 1 1		T 75	T 7,	Check	
City	State	Zip Code	М	D	Y	Amount	0.5° 0.0
Columbus		43232		0 8			35.00
Full Name of Contributor			Registra	tion Num	ber, if PA	.C	
Michael W. McElligott							
Street Address	Employer/Occup	Employer/Occupation/Labor Organization*				Form (Cash, Ch	eck, etc.)
511 E. Jeffrey Pl						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	0 H	43214	0 4	0 8	1 0		35.00
Full Name of Contributor			Registra	ition Num		.C	
Brandon t. Prewitt							
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Ch	eck, etc.)
502 S. Third Street		*				Check	•
City	State	Zip Code	M	D	Y	Amount	
Columbus	ОН	43081	0 4	š .	1 0	8	35.00
						<u> </u>	~~~~~~

^{*} 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 \$