## **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Serrott for Judge Committee						
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Kegler, Brown, Hill, & Ritter			CP	648		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
65 E. State Street, Suite 1800						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43215	0 3	1 6	10	500.00
Full Name of Contributor			Registra	tion Num		C
Wiles, Boyle, Burkholder, Bringarder	Co., LPA		CP.	-1058		
Street Address		ation/Labor Organization*				Form (Cash, Check, etc.)
300 Spruce Street						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	$O \mid H$	43215	0 3	116	10	1,500.00
Full Name of Contributor				tion Num	description of the contract of	
Harvey M. Samuels Attorney At Law						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
500 South Front Street Suite 1150						Check
City	State	Zip Code	М	D	Υ	Amount
Columbus	OH	43215	0 3	1 6	1 0	250.00
Full Name of Contributor		about door also her		tion Num		Secretaria de la constitución de
McFadden, Winner, Savage, & Segern	nan Attorne	V/C				
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
175 S. 3rd Street, Suite 350	,	<u> </u>				Check
City	State	Zip Code	Тм	D	Y	Amount
Columbus	lolh	43215	0 3	1	1 0	
Full Name of Contributor		"XX Inc. 3. V		ation Num	University Annual Control	
J. Scott Weisman Law Offices, LPA						
Street Address	Employer/Occur	ation/Labor Organization*				Form (Cash, Check, etc.)
601 S. High Street, 1st Floor	an projent overp					Check
City	State	Zip Code	М	D	ΙΥ	Amount
Columbus		43215	•	1 6		250.00
Full Name of Contributor		1 *104.10		ation Num	AND DESCRIPTION OF THE PARTY OF	
Ruth Rankin			regione			
Street Address	Employer/Occur	ation/Labor Organization*			//>///////////////////////////////////	Form (Cash, Check, etc.)
	Employen/Occup	anon/Labor Organization				MO
2432 Wyncourtney Ct	State	Zip Code	M	D	Y	Amount
City		1 '	1	1 6	1	
Powell Full Name of Contributor		43065		ation Num		
			Kegisu.	анон гон	ioci, ii r A	.c
Matthew S. Halley Attorney At Law	Faralassa (Oassus	ation/Labor Organization*				Form (Cash, Check, etc.)
Street Address	Employer/Occup	ation/Labor Organization				
52 W. Whitter St	C4-4-	Zip Code	1 )/	1 10	Y	Check
City	State	1 '	M	D		Amount
Columbus		43206	0 3	en Sicioentoleco sa menero por	of commence in the comme	250.0
Full Name of Contributor	y *	4 \	Kegistra	ation Num	iber, if PA	it
Carlile, Patchen & Murphy LLP (oper						
Street Address	Employer/Occup	ration/Labor Organization*				Form (Cash, Check, etc.)
366 E. Broad Street				T 7:	7	Check .
City	State	Zip Code	M	D	Y	Amount
Columbus	0 H	43215	0 3	1 6	10	250.0

Page Total \$ 3,500.00

<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)]