

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full SERROT FOR JUDGE							
Full Name of Contributor MALEK AND MALEK					Registration Number, if PAC		
Street Address 1227 S. HIGH ST		Employer/Occupation/Labor Organization ATTORNEYS			Form (Cash, ☒ Check, etc.)		
City Colb	State OH	Zip Code 43215	M 12	D 07	Y 15	Amount 500⁰⁰	
Full Name of Contributor J.R. WARNER Volkema LAW					Registration Number, if PAC		
Street Address 300 E. BROAD ST		Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, ☒ Check, etc.)		
City Colb	State OH	Zip Code 43215	M 12	D 07	Y 15	Amount 250⁰⁰	
Full Name of Contributor Vony's LAW Firm					Registration Number, if PAC		
Street Address E. GAY ST.		Employer/Occupation/Labor Organization ATTORNEYS			Form (Cash, ☒ Check, etc.)		
City Colb	State OH	Zip Code 43215	M 12	D 07	Y 15	Amount 3,600⁰⁰	
Full Name of Contributor Ernel Luckett					Registration Number, if PAC		
Street Address 5860 TRIPPLET Sq		Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, ☒ Check, etc.)		
City New Albany	State OH	Zip Code 43054	M 12	D 07	Y 15	Amount 600⁰⁰	
Full Name of Contributor MAGUIRE AND SCHNEIDER					Registration Number, if PAC		
Street Address 1650 LAKE SHORE DR.		Employer/Occupation/Labor Organization ATTORNEYS			Form (Cash, ☒ Check, etc.)		
City Colb	State OH	Zip Code 43212	M 12	D 07	Y 15	Amount 250⁰⁰	
Full Name of Contributor Yvette McGee Brown					Registration Number, if PAC		
Street Address 325 J.M. Blvd #600		Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, ☒ Check, etc.)		
City Colb.	State OH	Zip Code 43215	M 12	D 07	Y 15	Amount 250⁰⁰	
Full Name of Contributor TONY MANCUSO					Registration Number, if PAC		
Street Address 135 N. HAMILTON Rd		Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, ☒ Check, etc.)		
City GAHANNA	State OH	Zip Code 43230	M 12	D 07	Y 15	Amount 250⁰⁰	
Full Name of Contributor PHIL BROWN					Registration Number, if PAC		
Street Address 503 S. FRONT ST		Employer/Occupation/Labor Organization ATTORNEY			Form (Cash, ☒ Check, etc.)		
City Colb	State OH	Zip Code 43215	M 12	D 09	Y 15	Amount 250⁰⁰	

* 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 also appear. [R.C. 3517.10(B)(4)]

Page Total \$ **5950⁰⁰**