Page	3
B-	-

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Serrott for Judge Committee						
Full Name of Contributor			Registrat	tion Numb	per, if PA	С
John F. Hilt						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
3793 Broadway			nanidona guina sidon maines recento	gumentoim interior		Check
City	State	Zip Code	M	D	i 1	Amount
Grove City	0 H	43213	0 5	1 8	10	250.00
Full Name of Contributor			Registra	tion Numl	ber, if PA	C
Contributions from Fundraiser See	Form 31-E for	Details				
Street Address	Employer/Occup	nation/Labor Organization*				Form (Cash, Check, etc.) Check
City	State	Zip Code	М	D	Y	Amount
Biographic Control of the Control of	OH		0 5	2 0	1 0	3,425.00
Full Name of Contributor				tion Numl	Annual contract of the last of	Contraction of the Contraction o
Marty Anderson						
Street Address	Employer/Occup	pation/Labor Organization*				Form (Cash, Check, etc.)
3409 River Seine Street						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43221	0 5	2 1	1 0	100.00
Full Name of Contributor			CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR	tion Num	CONTRACTOR	
Re-Elect Judge Frye Committee						
Street Address	Employer/Occup	pation/Labor Organization*		***************************************		Form (Cash, Check, etc.)
88 E. Broad Street, Suite 1250	, , , , , , , , , , , , , , , , , , , ,					Check
City	State	Zip Code	М	D	Y	Amount
Columbus	$O \mid H$	43215	0 5	2 1	1 0	100.00
Full Name of Contributor				tion Num		B
Kegler, Brown, Hill, and Ritter, PA	.C		CP(648		
Street Address		oation/Labor Organization*	<u></u>			Form (Cash, Check, etc.)
65 E. State Treet, Suite 1800						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OIH	43215	0 6	0 4	1 0	1,000.00
Full Name of Contributor				tion Num	<u> Barrieran antiques and a series</u>	<u> </u>
Jeffrey G. Thompson						
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
601 S. High Street						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OIH	43215	016	0 2	1110	250.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
Street Address	Employer/Occup	oation/Labor Organization*				Form (Cash, Check, etc.)
City	State	Zip Code	М	D	Y	Amount
STATE OF THE STATE						
Full Name of Contributor			Registra	tion Num	ber, if PA	C
					,	
Street Address	Employer/Occur	oation/Labor Organization*	<u>B</u>			Form (Cash, Check, etc.)
						Kinggapin
City	State	Zip Code	М	D	Y	Amount
B TO THE STATE OF		•				
8						ž

Page	Total	\$ 5,125.00
Page	Total	\$ 5,125.00

^{*} 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)]